City of Leeds

# MENTALLY DEFECTIVE CHILDREN

EDUCATION DEPARTMENT
LEEDS

*September* 1928

*Chorley & Pickersgill Ltd Leeds*

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# INTRODUCTORY

DEFECTIVE persons provide the modern state with one of its many problems—not one of the largest, perhaps, but one of the most difficult to deal with effectively. These unfortunate people are a misfit. They are a misfit in school, in employment, and in social life. Moreover, they cannot be ignored. Ignore them, and they speedily make their presence felt. Money must be spent on them or the community pays even more dear. On the broadest survey, they fall into two groups; those who have enough in them to play some part in life, however humble, and those who are as helpless as babies; briefly, those who are employable and those who are not. The duty of society towards both groups is quite clear—the first have to be helped on to their feet, the second have to be looked after from birth to the grave, either by their relatives or by public authorities. It is the onerous duty of education authorities to seek out the defectives among the children, and to make the first and most important attempt to discriminate between the two groups; then, to pass the latter over to another authority, and to make adequate provision for the training of the former. These duties are not easy of fulfilment, and it has been felt for some time that in Leeds the arrangements made to carry them out are capable of considerable improvement.

In October and November 1926 several meetings were held to discuss various aspects of the work, at which School Medical Officers, Inspectors, Administrative Officers, and Head Teachers of Special Schools had opportunities of expressing their opinions. The following suggestions for improved ascertainment were considered—

(1) The avoidance of the term "Special" School.

(2) Withholding certification until a few months before notification.

(3) Lectures by the Certifying Officers to teachers in the Elementary Schools.

(4) The attendance of teachers in Elementary Schools at certifying examinations.

(5) Exemption of carefully selected cases from further attendance at Special Schools where approved employment is obtained.

(6) The institution of "backward classes" in the Infants' Department of ordinary schools to serve as a sorting ground.

(7) The provision of a Roman Catholic Special School.

The object of most of these suggestions was the removal of prejudice against Special Schools on the part of parents and teachers in order to secure earlier and better ascertainment. Suggestions 1, 2, and 6 were not adopted, and number 7 is a question for the Roman Catholic community; numbers 3, 4, and 5 were approved. The type of child at present

in the Leeds Special Schools was also considered. It was generally agreed that there was a preponderance of low-grade children in the schools whose names ought to be notified to the Local Mental Deficiency Acts Committee. The following suggestions were therefore made with a view to improving the type of child in the Special Schools—

(1) That the low-grade cases should be segregated and taught in separate classes.

(2) That the Head Teachers of Special Schools should submit lists of children who appear to be ineducable twice a year for examination with a view to notification.

(3) That School Medical Officers should examine all children in the Special Schools with a view to notification of the low-grade cases.

(4) That in future low-grade cases should be admitted to Special Schools for a strictly limited period of probation.

(5) That the Head Teachers of Special Schools should report upon all new admissions after six months, and also upon other children who are not making satisfactory progress.

Of these suggestions the first was not adopted, the other four were approved.

The question of the low-grade cases was further brought up at a meeting between the Director of Education and officers of the Board of Education, and it was understood that the Board were, in general, in favour of the policy of passing low-grade children on to the care of the Local Mental Deficiency Act Committee, leaving the Education Committee to concentrate upon children most likely to receive benefit from instruction in the Special Schools. The Assistant School Medical Officer and the Chief Inspector were then deputed by the Director to prepare a detailed report upon the whole question. That report was duly prepared, and has been submitted for the consideration of the Board. The findings were—

(1) That 122 (out of some 280) children in the Leeds Special Schools were ineducable in the staple subjects of elementary education.

(2) That the handwork done was of doubtful utility with the exception of the girls' domestic work.

(3) That the presence of imbeciles and very low-grade feeble-minded children in the schools was a great hindrance to the work of effective ascertainment and to the satisfactory working of the Special Schools.

A number of useful suggestions were also made in the report, most of which reappear in a modified form in the present report. Soon after the report was submitted, some 20 children were notified as imbeciles or as feeble-minded ineducable. In the present survey of the position valuable assistance has been received from replies kindly submitted in

answer to a questionnaire on the subject addressed to a number of Local Education Authorities, including London, Glasgow, Edinburgh, Liverpool, Manchester and Birmingham.

With regard to the decisions taken at the meetings referred to above, no lectures have been given to teachers; teachers do not attend the certifying examinations, and no steps have been taken with regard to a Roman Catholic Special School. Adequate machinery for the exemption of suitable children between 14 and 16 has been set up, and is the one recommendation that is in effective operation. The Head Teachers of Special Schools submit their lists of ineducable children every six months, and the School Medical Officer examines the children in the Special Schools, but only a small proportion of the children reported in this way are notified and their places are soon filled by other low-grade cases. No period of probation is insisted upon, and special reports upon children who make no progress are not regularly received. The net result is that ascertainment is only slightly improved, if at all, and that the Leeds Special Schools remain low-grade schools as before. In short, the position has not materially improved, and a thorough and comprehensive review of the whole situation is called for. It should be made clear at the outset that while technical matters which are the special preserve of the medical man and the psychologist cannot be avoided, the problem is here regarded entirely from the administrative point of view. An Education Authority has certain duties in the matter, and the question is whether they are being adequately met and how far improvements can be effected.

# MENTAL DEFECT

## Statutory Distinctions and Definitions

A brief survey of the foundations of the work may be found useful, familiar as these are to workers in the subject.

It is generally held by medical men that mental defect is associated with arrested cerebral development. Some children are born with a potentiality for development which is less than normal; in their case the brain and mental powers develop more slowly than in the case of a normal child, and cease to grow at a point which is far short of that reached by normal children. The Mental Deficiency Acts of 1913 to 1927 present us with a classification which implies a scale of "more or less" degree of defect whose classes are also distinguished from one another by their social characteristics or more accurately, their lack of certain leading faculties. Idiots fail to avoid common dangers; imbeciles fail to manage their own affairs; feeble-minded persons require assistance in managing their affairs. Also, the idiot is more defective than the imbecile and the imbecile than the feeble-minded. The classification

has yet another side, viz., the reaction of these classes severally to the educational system of the country. Idiots and imbeciles are so defective that they find no place in that system. Feeble-minded children between 7 and 16 are permanently incapable of receiving proper benefit from the instruction given in ordinary schools. Feeble-minded children are further sub-divided into those who have been ascertained to be incapable of receiving benefit or further benefit in Special Schools and those who can be suitably dealt with in such institutions. Thus the legal classification of mentally defective children presents us with a descending series as follows—feeble-minded, educable under special arrangements; feeble-minded, ineducable; imbeciles; and idiots—the classes being also distinguished by their response to the social environment and to the school system. There are three exceptional classes—moral defectives, feeble-minded children who cannot be educated without detriment to other children, and feeble-minded children with regard to whom the Board of Education certify that there are special circumstances rendering notification to the Local Control Authority advisable (usually cases of multiple defect, e.g., blindness and mental defect). In these three classes defect must exist, but they are eccentric to the scale of degree of defect. The Mental Deficiency Acts and the Education Act of 1921 further direct the ascertainment and disposal of the mentally defective children in their area by the Local Education Authority. Feeble-minded children are to be certified and provision made for them by way of special classes or schools. Feeble-minded children who fail to respond to the instruction thus given, together with imbeciles and idiots and the three exceptional classes referred to above, are to be notified to the Local Control Authority.

**The Underlying Scale of Degree of Defect**

Degree of defect is thus the first determining factor in the diagnosis of these various classes of mentally defective children. A scale implies measurement, and some means of measuring the degree of defect had to be found. The means were found in a carefully graded series of intelligence tests, and the first attempt to place these tests on a sure footing as an instrument of measurement was made by Binet and Simon in the course of their work on mental deficiency amongst Paris children in the early part of the present century. The psychological theory underlying the tests is usually known as "the general theory of intelligence." The main contention of this theory is that each individual possesses power, energy or efficiency of mind in a certain degree, and that the degree makes itself evident more or less in all his mental activities. The view is questioned by those who lay stress on the specific capacities of individuals. We do not all possess the same talents; some are intellectual, some imaginative; the qualities of the mathematician are not those of the poet. Within the intellectual field alone individuals differ widely. A child may be forward in one subject and backward in another, and it has been held that the "general intelligence factor" is purely

hypothetical, and that a figure representing the average of a child's capacity in reality tells us nothing. But this is not the view taken in the report of the Consultative Committee of the Board of Education on Psychological Tests of Educable Capacity (p. 19)—

> "It seems possible to regard the 'general factor' as simply the 'group factor,' that is of the most widespread occurrence; and the 'specific factors' as simply the 'group factors,' which are most narrowly limited in their operation."

This is especially true of defective children. A defective child reaches different limits in different subjects, but he is well below normal in all—and not only in school subjects but in all the principal activities of mind, including emotional response and will power.

**Intelligence Tests**

Individual tests differ somewhat in type, and there is thus opportunity of estimating more than one intellectual activity. They are also standardised in relation to natural age, and norms have been obtained by applying the tests to a very large number of children. Theoretically, when the group of tests assigned to his natural age is applied to the child, the percentage of satisfactory responses should give a very fair estimate of his intelligence compared with that of the normal child. In practice adjustments have to be made; an average child usually fails in one or two tests assigned to an age below his natural age, and succeeds in one or two higher assignments, but the difficulty is got over by the simple device of comparing the total number of tests successfully answered with the total number assigned to the natural ages up to and including the examinee's age. When months, on an agreed ratio, are substituted for the tests thus compared, a figure is obtained which is called the "mental age" of the child, and this figure is taken to indicate the degree of intelligence possessed by the child as compared with that of the normal child. The ratio of mental age to natural age multiplied by a hundred is called the intelligence quotient. The success of the tests and the dependence to be placed on the intelligence quotient depends entirely upon the representative character of the tests, the adequacy of the data on which the norms are founded, and the accuracy and power of the statistical methods employed. The object of this explanation, which is only too familiar to experts in the subject, is to remind us that the quotient figures which we meet with at every turn in dealing with mental deficiency among children, are thoroughly dependable data, and are not haphazard guesses if the tests are accurately applied by the examiner. The actual tests in common use in this country (Binet Simon, the Stanford revision or London revision) rest upon abundant data analysed by highly developed statistical methods. Tests of the kind have frequently been applied to large groups of people with a view to ascertaining the distribution of intelligence in the group. The I.Q.'s are worked out and a curve plotted showing the relation between the I.Q. figures and numbers of people

with these various quotients. The resulting graph lies approximately along a curve well known to statisticians called the "normal distribution curve." The bulk of the people will be found to lie between 90 and 110 I.Q., but at either end the curve can be taken as far as the tests will give results at all, as low as 20 and as high as 170 I.Q. In other words, the curve is continuous, and if a large enough group of people is tested, individuals are found with I.Q.'s at all points in the scale.

**Relation between Intelligence Tests and the Statutory Definitions**

The question therefore arises what points in the scale mark off the different grades of intelligence for administrative purposes; at what point we pass from super-normal to normal, from normal to dull and backward, from dull and backward to feeble-minded, and so on, down the scale. The answer can only be given by experience, but there is one point of capital importance which must not be lost sight of. From the medical point of view there is a sharp and clear clinical demarcation between the normal and the defective. A child can only be diagnosed as defective if there are specific clinical symptoms of mental defect present, such as marked defect of memory, inability to form judgments, lack of power to concentrate. Some of the individual tests bring these points out, but taken as a whole the tests cover a wider field, and there is no fixed point in the I.Q. scale above which all cases are normal, and below which all are defective. We have seen that the classes of defectives (with three exceptions) are distinguished by degree of defect but also by social and educational characteristics, and it is for experience to tell us what degree of defect is commonly associated with the characteristics of each class. A good deal of experience has been accumulated, and it is generally agreed that dull and backward children whose response to ordinary class teaching is poor but not amounting to permanent defect, are found to have I.Q. between 90 and 80 or 75, feeble-minded children I.Q. between 75 and 50 or 45, and imbeciles and idiots I.Q. below 45. But the determination of these critical points is purely empirical; we can only say that in any group a change of type begins to make its appearance round about the figure 75 I.Q., and again round about the figure 45 I.Q. For practical purposes we have to admit the existence of border line cases, where diagnosis is incomplete. It is equally clear that the margin of doubt need not be very large; there are few cases correctly diagnosed as dull or backward at 50 I.Q., or as imbecile at 75. The prognosis required of the Medical Officer in these border-line cases is a double one; he has to decide whether the child will ever receive due benefit in the ordinary schools, and also whether he will be able to take his full share in the work of the community on leaving school, or at the other end of the scale, whether he is likely to obtain no benefit from instruction in Special Schools, and would be unable to manage his own affairs on growing up. Therefore a close observation is often necessary to complete

the prognosis, and the child should be given the benefit of the doubt. A decision must, however, be arrived at within a reasonable period. A remark made by one medical expert is worth noting in this connection. "If properly examined the wastage of public money by these trial cases is unnecessary." What emerges from the discussion is this—the statutory requirements can be carried out by the careful application of intelligence tests which determine the degree of defect, and therefore *prima facie* the class of defective, always provided that clinical symptoms are present to confirm what is indicated by the I.Q. On the other hand, there will inevitably be doubtful cases which, however, should lie round about the degree of defect indicated above, and should be capable of complete diagnosis within a limited time. The diagnostic value of the tests is referred to by the Consultative Committee in their report, page 83.

"On the whole, however, they (the medical witnesses) were of opinion that the Binet scale had proved of great value as a supplement to the medical and pedagogical methods hitherto employed in the diagnosis of supposed defective children and that its general adoption for these purposes had as it were stabilised the intelligence tests applied by Certifying Officers and by teachers in Special Schools."

With this the remarks of Professor Burt, Mental and Scholastic Tests, pp. 199-209, may be compared, in particular the statement—

"Hence it may with some probability be inferred that as a test of intelligence the Binet-Simon scale is more trustworthy with defectives than with normals."

The general conclusion is that while the intelligence Tests cannot be regarded as a determining factor in assessing defect, they are undoubtedly of great assistance, and that if tables showing the I.Q. figures and diagnoses in a large number of cases be constructed for two similar areas, the tables should have a close resemblance.

# ASCERTAINMENT

## Estimated Figures for Effective Ascertainment

The Board of Education lay great stress on effective ascertainment. In Circular 1341 of 1924 it is said—

"The basis of any adequate scheme is the thorough ascertainment of all children who are mentally deficient within the meaning of the Acts. This is a duty which every Authority may be expected to carry out in its entirety, irrespective of the actual provision now available in Special Schools, and in those areas where this essential preliminary work is not yet adequately carried out, the Board will ask the Authority to take immediate steps to supply this defect."

Now it is a common and important feature of vital statistics that figures relating to any one considerable group of people such as a modern city, can readily be compared with those relating to another group existing under similar conditions. If there is a marked disparity at any point the inference is either that there is some radical difference in the circumstances of the group or that there is some peculiarity in the methods

of arriving at the figures. The Board therefore say in a later Circular No. 1349 of January 1925—

"Authorities are reminded that the ascertainment of defective children is one of their statutory duties, and they are now asked to see that these arrangements are put into full working order. As a test of the completeness of the results of their arrangements, they should refer to the table given on page 63 of the Report referred to above (C.M.O.'s Report 1923). As pointed out in that report, if the figures in any area differ appreciably from those which would be arrived at by the application of the test figures given in the table, there are at least good grounds for a careful scrutiny of the local arrangements for the discovery of defects. In order to assist authorities and their School Medical Officers in checking the results at present arrived at in each locality, the Board propose to supply in due course to each Authority a schedule showing (*a*) the Authority's own returns, and (*b*) the figures that would result from the use of the Board's index figures."

The figures were duly forwarded by the Board; the actual Leeds figure for that year was 364, and the Board's estimated figure was 523. In the accompanying letter of 13th March 1925, it was pointed out that the returns submitted by the Authority in the case of mentally defective children were substantially below what the Board would expect, and the Authority were asked to furnish observations on the discrepancy.

The position has not changed in the interval; the number of ascertained defective children in the city is still about 370, and the number to be expected nearly 550. The ascertainment is unquestionably low, and further confirmation is to be found in certain figures supplied by education authorities in answer to the questionnaire mentioned above. These figures show the percentage of defective children to the number of children in average attendance (the only figures available) as follows—1·02% (London), 1·05% (Glasgow), 1·03% (Birmingham), 1·2% (Manchester), 1·05% (Stoke-on-Trent), and ·88% (Nottingham, exclusive of high grade cases in special classes). The corresponding figure for Leeds is ·61%, and the disparity is obvious.

Failure of ascertainment has been proved in concrete cases, and the Mental Deficiency Act Committee are not slow to call attention to these cases when they find their way into the Committee's hands. In a letter dated 8th July 1927, received from the Executive Officer, the following statement occurs—

"The Leeds Mental Deficiency Act Committee have regularly under consideration applications from parents, rescue workers, or the police, for the removal of mentally defective persons to certified institutions under the Mental Deficiency Act who had not been ascertained to be of defective intelligence by the Local Education Authority, and who had been retained in ordinary Elementary Schools of the city until the leaving age. *Many of these mentally inefficient children were actually graded in the upper standards of the school.*"

and

"The Board of Control have recently called the attention of the Local (Control) Authority to the low statistics of ascertainment of defectives in the City of Leeds, which were 1·73 per 1,000, as compared with the returns of many other local authorities in the country whose ascertainment varied from 2 per 1,000 to 4·49 per 1,000 of the population. *The low ascertainment of defectives in the school population is accountable largely for that result.*"

The details of several cases were given by the Executive Officer. The letter goes on to point the moral as follows—

"The Board of Education in their letter to local education authorities, dated September 1924, point out that the majority of unascertained mental defectives labour under the disadvantages of losing (1) the education, control, and general training in discipline which are provided in the Special Schools; and (2) the care, supervision, and control which are provided under the Mental Deficiency Acts after they have left school; with the result that they are lost in the general population, in many instances to be rediscovered later in the police-courts or rescue homes, when, owing to the lack of supervision and help, they have done serious injury to themselves and the community. The Board of Education's statement on the consequences of non-ascertainment is exactly the experience of the Mental Deficiency Acts Committee at the present time."

The same point is made in the report of the Leeds Mental Deficiency Act Committee for the year ended 31st December 1926—

"The ascertainment of mentally defective persons in the city, although increasing yearly, leaves much to be desired. A by no means negligible number of mental defectives in the city are still unknown to the Local Authority. Many of them leave the Elementary Schools at 14 years of age, when they are compelled into an unequal competition for a living with their normal fellows, and later on they become failures of society. A number of them are shielded from harm in their own homes, others appear in the police-courts charged with the committal of offences, the female class swell the statistics of illegitimate births, and both family and community life suffer the burden, the expense, and the injury which they impose upon it."

Another aspect of the same problem which is also difficult to deal with is late ascertainment. With distressing frequency children are examined by the certifying officer and found to be certifiable at 12 or 13 years of age. A cursory examination of the records reveals 11 such cases in 1927. There are no doubt many more. Six of these were reported by Medical Officers, four by Inspectors, and one by a Head Teacher. They were all of about I.Q. 60, but had nevertheless been allowed to reach Standard V. or VI. in Elementary Schools. More recently still three more cases have come to light of children 13½ years of age, who, in the opinion of the examining Medical Officer, ought to be certified. In two of these cases retardation was apparently never reported; in the third case the child had been examined twice before at intervals of 12 months, and on each occasion an I.Q. 51 was found. It is most difficult to know what to do with these cases. They are too old to derive much benefit from the Special School, and the parents have the strongest possible objection to sending them there—not only the general objection discussed below, but the special objection that they have been counting upon their children leaving school soon. In some cases the children are certified but allowed to leave the Elementary Schools at the usual leaving age, and kept under observation until they are 16, and their names then passed on to the Local Control Authority. But whether they are admitted to the Special Schools or not, they are debarred from the peculiar benefit which that type of school gives, and the position is most unsatisfactory. There is clearly a strong case for scrutinising the methods of ascertainment in Leeds and for improving them if possible.

**Methods**

Ascertainment must in the last resort depend mainly upon two sets of people—teachers and medical officers. The teachers are undoubtedly in the best position to know which of the children are retarded or otherwise exceptional, and it should not be possible for them to miss a single case of retardation so pronounced as to cause suspicion of mental defect. Examination and certification fall to the Medical Officers. They also help in the work of discovering suspected cases in the course of routine medical inspection, and have, in fact, been taking a larger share in that part of the work than would be necessary if the teachers faithfully reported all cases. There is a stage midway between the initial discovery of retarded cases and the final selection of cases for examination which requires special consideration. In Leeds there are usually reported some 3,000 cases of children retarded two years or more; in 1927 the number of new cases actually examined for mental defect was about 300. that is, about 10 per cent. of the number reported on "retarded" lists. It is therefore clear that the process of selecting the 10 per cent. is of the utmost importance. In London and Birmingham the selection is made by the school medical officers and a psychologist during visits to the schools; in Manchester the retarded children are submitted for preliminary examination at routine medical inspection; at Nottingham and Stoke-on-Trent special arrangements obtain both for the discovery of retarded children and for the sifting of suspected cases which with necessary modification might well be adopted in Leeds. In Nottingham all the children of age group 6 are given Ballard's three minute tests in reading, addition, and subtraction by the Head Teacher. Those with an educational quotient of 85 or less are examined physically, and are also given intelligence tests by a school nurse. Children with I.Q. 68 to 90 are admitted to special classes without certification, and the remainder are given the statutory examination by the School Medical Officer. In Stoke-on-Trent all the children of age 7 are given Burt's reading test Number 1 by the Head Teacher; Form 41D is completed in respect of all children with quotient 60 or less, and sent to the School Medical Officer who makes a final selection for the statutory examination. What is worthy of note in these arrangements is the use of standardised educational tests at both initial and middle stages of the process of selection.

The procedure originally adopted in Leeds was as follows—

(1) Retarded children reported by Head Teachers each September.

(2) Form 41D completed in respect of those of three years' or more retardation.

(3) The statutory examination of these cases.

In 1919 some hundreds only of retarded children were reported at the initial stage, but this is now greatly improved, and it is usual to find

between 2,000 and 4,000 cases so reported. It was also found that the method of selection at the second stage was too mechanical, and some two years ago arrangements were made for the inspectors to examine the retarded children annually at the school and to put forward a selection. The School Medical Officers also make a selection at routine medical inspection, and their lists are checked with those of the inspectors to avoid duplication. In addition, Head Teachers report children specially during the year when necessary. At the final stage the statutory examination is carried out by one Certifying Officer, but no Head Teachers, either of ordinary schools or of Special Schools, are present; an inspector is occasionally present.

**Criticism of the Results in Leeds**

At all three stages improvements are called for if the work is to be really effective. As already pointed out, the practice of the teachers has enormously improved of recent years. About 3,000 cases of retarded children are reported annually, but in proportion to the size of the school population in Leeds the number should be nearer 6,000 on an average, and, as mentioned above, cases are still slipping through the net and leaving the Elementary Schools uncertified. Prejudices still exist in the minds of a minority of the teachers against reporting names of retarded children. These prejudices are familiar enough; the child is branded by being sent to a "silly" school; the transfer of children to Special Schools lowers the figure of average attendance and may affect the grade of the school. The answers to these objections are equally clear; the child, if correctly diagnosed as defective, will eventually "brand" itself in employment; the Special Schools are intended neither for imbeciles nor for lunatics, and the popular epithet "silly" is not justified; the flexible "zone" system now adopted for the grading of schools under the Burnham Report is a measure of protection against loss of grade on account of such causes. In fairness to the teacher, however, it must be pointed out that there are far too numerous cases of children who are examined and re-examined three or four times or even oftener at intervals of six or twelve months, and who are certified eventually at 12 or 13 years of age if at all, with the result that the teachers complain that they see no point in reporting children. It has also to be pointed out that there are imbeciles in the Leeds Special Schools, and that so long as they remain there it is frankly impossible to remove prejudice from the minds of either parents or teachers. These points are more fully discussed below.

The second or third stages are difficult to separate for purposes of criticism. Figures taken in August 1926 for the school year show that the inspectors selected only 79 cases of suspected defect out of 3,000 retarded cases, while the number of statutory examinations carried out was 470 (including re-examinations). The Inspectors thus selected only a small proportion of the cases examined, the rest being selected chiefly

by the Medical Officers at routine inspections. A more detailed analysis has been made for the year 1927—

| | | |
|---|---|---|
| Total (new cases) examined ... ... | 230 | |
| From Head Teachers ... ... ... | 48 | 21 per cent. |
| From Inspectors ... ... ... ... | 64 | 28 per cent. |
| From S.M. Officers ... ... ... | 116 | 50 per cent. |
| From other sources ... ... ... | 2 | |
| | 230 | |

From these figures it appears that the Inspectors have been over cautious in their recommendations. A further table indicates the success of the preliminary diagnosis of Head Teachers (specially reported cases), Inspectors and School Medical Officers respectively as compared with the final diagnosis of the certifying officers—

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| H.T. | Total reported ... ... | 48 | | | | | |
| | Not defective ... ... | 13 | 27% | Total sent | | | |
| | For re-examination ... | 22 | 46% | back O.S. | 35 | 73% | |
| | Certified F.M. ... | 10 | | | | | |
| | N.S. or Imb. ... | 3 | | | | | |
| | — | 13 | 27% | | | | |
| | | 48 | | | | | |
| Insp. | Total reported ... ... | 64 | | | | | |
| | Not defective ... ... | 15 | 23% | Total sent | | | |
| | For re-examination ... | 35 | 54% | back O.S. | 50 | 77% | |
| | Certified F.M. ... | 12 | | | | | |
| | N.S. or Imb. ... | 2 | | | | | |
| | — | 14 | 22% | | | | |
| | | 64 | | | | | |
| S.M.O. | Total reported ... ... | 116 | | | | | |
| | Not defective ... ... | 46 | 40% | Total sent | | | |
| | For re-examination ... | 41 | 35% | back O.S. | 87 | 75% | |
| | Certified F.M. ... | 22 | | | | | |
| | N.S. or Imb. ... | 7 | | | | | |
| | — | 29 | 25% | | | | |
| | | 116 | | | | | |

Of these figures there is little to choose between the different selectors, although again the Inspectors are slightly at a disadvantage. The work of selection may be analysed in another way. If the preliminary diagnosis is at all accurate, a comparatively small percentage of the cases selected for examination should turn out to have I.Q. 80 or higher, but in fact in 190 cases where an intelligence test was given no fewer than 54, or 28%, were found to have I.Q. 80 or higher, and among these cases of 90 and even 100 were not infrequent. The following is an analysis of the cases—

| | | |
|---|---|---|
| Total reported by H.T. and tested ... | 40 | |
| Number 80% or over ... ... ... | 12 | 30% |
| Total reported by Inspector and tested | 53 | |
| Number 80% or over ... ... ... | 19 | 36% |
| Total reported by S.M.O. and tested ... | 97 | |
| Number 80% or over ... ... ... | 23 | 23% |

Again it appears that the Inspectors fall short of accuracy, but only slightly more so than the other selectors.

The question is complicated by the fact that the diagnosis of the Certifying Officers also requires consideration. The broad features of the situation appear from the following table—

Total (new cases) examined 230

| | | | | | |
|---|---|---|---|---|---|
| Not defective ... ... | 74 | 32% | Total sent | | |
| For re-examination ... | 99 | 43% | back O.S. | 173 | 75% |
| Certified F.M. ... | 44 | | | | |
| N.S. or Imb. ... | 13 | | | | |
| | 57 | 25% | | | |
| | 230 | | | | |

These figures are startling when it is remembered that the 230 cases examined are all suspected to be defective and have been selected on individual reports from teachers, inspectors, and doctors who have personally seen and examined the children. That only 25% under these conditions should be certifiable is almost incredible, and that a further 43% require re-examination is hardly less surprising. These figures can be directly compared with figures kindly supplied by the Liverpool Education Authority. The Director states that about 15% of the cases that come before the Certifying Officer are deferred for further trial at an Elementary School (compared with 43% in Leeds); and further, an analysis of 1,000 cases examined in Liverpool in 1925 shows that 61·3% were certified (compared with 25% in Leeds). The figures mean either

that the cases are wrongly selected or that the Medical Officers are much too conservative in certifying. Possibly both inferences hold to some extent. The first of these possibilities has already been discussed, and it was seen clearly that there is room for improvement, because of the number of cases which turned out to be I.Q. 80 or more when tested. But after all that number only amounted to 28%, while at the certifying examination 32% were cleared altogether, and 43% sent back to ordinary schools to await re-examination, making a total of 75% returned to ordinary schools. The conclusion appears to be that the Certifying Officers have laid themselves open to criticism on two points—

(1) They have fixed upon too low a standard of defect as a minimum for certification, so that a number of genuine high-grade defectives remain uncertified.

(2) They display too much hesitancy of diagnosis, and thus refer far too many cases for re-examination.

The figures for re-examinations display the same features. During 1927, 120 cases were re-examined with the following results—

| | | | | | | |
|---|---|---|---|---|---|---|
| Total re-examined ... | ... | 120 | | | | |
| Not defective ... | ... | 43 | 36% | Total sent | | |
| For further re-examination | | 32 | 27% | back O.S. | 75 | 63% |
| Certified F.M. ... | 36 | | | | | |
| N.S. or Imb. ... | 9 | | | | | |
| | — | 45 | 37% | | | |
| | | 120 | | | | |

Here we have a number of cases which have been reported as retarded and specially selected for examination for mental defect; they have been given a full examination and referred for re-examination; they have been re-examined, and the net result is that only 37% are certified and no fewer than 27% recommended for yet another examination, 63% altogether being sent back to ordinary schools. It would be difficult to find better confirmation of the two conclusions indicated above. When it is pointed out that a full examination for mental defect occupies on an average one hour for each child, the enormous waste of the Certifying Officers' time is readily apparent. The School Medical Officers have many other duties to perform; their time is valuable, and these examinations for mental deficiency are not easy to work in. There can be no doubt that there is a strong case for serious reconsideration of their methods of diagnosis on the part of the Certifying Officers. Difficult cases there always will be, but it is hard to believe that nearly half of the specially selected new cases are incapable of being diagnosed at the first examination, and that a quarter of those already examined twice have to be referred for yet another examination. In addition to the

waste of valuable time there are other unfortunate consequences of this temporising and indecisive policy. The teachers are puzzled and disheartened, and ascertainment suffers, as pointed out above; many of those referred for re-examination are really defective, and eventually so certified, so that they remain much longer in the ordinary schools than they need; many of the cases of late ascertainment can be traced to this cause. The position has not always been thus in Leeds. The following table shows a comparison between the years 1919-1925 and the years 1915-1918—

| | Examined | Certified | Per Cent. | Ordinary School | Per Cent. |
|---|---|---|---|---|---|
| 1915 ... | 199 | 148 | 74 | 51 | 25 |
| 1916 ... | 142 | 90 | 63 | 52 | 36 |
| 1917 ... | 186 | 96 | 51 | 90 | 48 |
| 1918 ... | 164 | 87 | 53 | 77 | 47 |
| 1919 ... | 158 | 42 | 26 | 116 | 73 |
| 1920 ... | 210 | 81 | 38 | 129 | 61 |
| 1921 ... | 332 | 119 | 36 | 213 | 64 |
| 1922 ... | 270 | 81 | 30 | 189 | 70 |
| 1923 ... | 281 | 116 | 40 | 165 | 60 |
| 1924 ... | 331 | 121 | 37 | 210 | 63 |
| 1925 ... | 488 | 161 | 33 | 327 | 67 |

The contrast between these tables is sufficiently obvious. In the former group on an average some 56% of the cases examined were certified, in the latter group on an average some 30%. It is difficult to see that this difference is due in any way to the war. It is more reasonable to suspect some change of policy.

A closer examination of the facts can be made by setting out a table indicating the diagnosis of cases examined during 1927, including re-examinations, and comparing it with the I.Q. figure where a test was applied.

| I.Q. | O.S. | F.M. | Imbecile or Idiot | For Re-exam. | No School | Total | Per Cent. |
|---|---|---|---|---|---|---|---|
| 100 or over ... | 2 | — | — | — | — | 2 | 0·07 |
| 90–100 ... | 10 | — | — | 4 | — | 14 | 5 |
| 80–90 ... | 20 | — | — | 28 | 1 | 49 | 17 |
| 70–80 ... | 45 | 2 | — | 50 | — | 97 | 34 |
| 60–70 ... | 13 | 36 | — | 23 | — | 72 | 25 |
| 50–60 ... | 2 | 25 | — | 6 | 1 | 34 | 12 |
| 40–50 ... | — | 9 | 4 | 1 | — | 14 | 5 |
| 30–40 ... | — | 1 | 1 | — | — | 2 | ·07 |
| 20–30 ... | — | — | — | — | 1 | 1 | ·04 |
| Total ... | — | — | — | — | — | 285 | — |

One striking feature of the table is the crowding of results at the upper end of the scale; 160 of the cases are found to have I.Q. of 70 or more, i.e., 58%. This gives a clue to the large number of re-examinations because the upper border line cases are, of course, to be found between 70 and 80 I.Q. At first sight it may be thought that this is due to faulty selection, because we should expect the bulk of the cases to fall between 70 and 50. But there is another possibility. The value of I.Q. figures depends upon the strict adherence to scheduled instructions in the application of the tests and in the evaluation of the answers given by the child, because it is on this basis that the norms have been calculated. There are many ways in which the child can be unconsciously but illegitimately helped, e.g., by the repetition of questions in different forms; by suggestion; by giving value to worthless answers in the case of tests involving definitions. It is true that the examiner must place himself *en rapport* with the child to the best of his ability, and obtain the best possible response from the child, but once the right atmosphere is secured the instructions should be rigorously adhered to. The general effect of relaxing the conditions would clearly be a rise in the level of the figures obtained, and this might account for the prevalence of high figures in the table. If there were a difference of 5% to 10% on an average in the I.Q. figures obtained, the tables would assume a normal appearance. Further, however, is it necessary, even granting the high figures, to refer over 50% of those I.Q. 70 to 80 for re-examination, and ought the remaining 50% to be returned permanently to the ordinary schools? The answer is to be found in a parallel table covering a thousand cases examined in Liverpool in 1925 already referred to—

| I.Q. | Not Certified | F.M. | Imbecile or Idiot | Total | Per Cent. |
|---|---|---|---|---|---|
| 100 and over ... | 20 | — | — | 20 | 2 |
| 90–100... ... | 28 | — | — | 28 | 3 |
| 80– 90... ... | 83 | 7 | — | 90 | 9 |
| 70– 80... ... | 129 | 117 | 4 | 250 | 25 |
| 60– 70... ... | 64 | 208 | 6 | 278 | 28 |
| 50– 60... ... | 13 | 140 | 36 | 189 | 19 |
| 25– 50... ... | — | 48 | 87 | 135 | 14 |
| 25 and under ... | — | — | 10 | 10 | 1 |
| Total ... ... | — | — | — | 1,000 | — |

In this table 38% of the cases are above 70 I.Q. compared with 58% in Leeds; 47% lie between 70 and 50, as compared with 36% in the Leeds table. This appears to support the argument about the strict application of the tests, but the great contrast between the two tables is that in Leeds only 2 cases out of 95 examined with I.Q. between 70 and 80 were

certified mentally defective, that is 1%; while in Liverpool 121 cases out of 250 between the same I.Q. limits were certified, that is nearly 50%. One could hardly have a greater contrast, and it indicates a radical difference of policy in regard to the certification of high grade cases. It is precisely here that we can put our finger upon one of the weak spots in the methods adopted for dealing with mentally defective children in Leeds. On the one hand the reference of so many of these high grade cases for further examination is clogging the work of ascertainment, and on the other the refusal to certify them is depriving the Special Schools of the cases for which they are intended and which should derive real benefit from them, their places often being filled by low grade cases who derive little or no benefit in proportion to the amount of public money which is spent upon them. The policy is bound to have a detrimental effect also upon ordinary schools. Dr. Hughes, of Stoke-on-Trent, remarks, "Enormous harm is being done by retaining educable mentally defective children in ordinary schools. The Medical Officers (in some cases after re-examination) should be able to come to a definite decision by the time the child has reached the age of 8 years." The Director of Education, Blackburn, says, "The difference between a very high-grade mentally defective child and a very backward one is little, yet few mistakes are made by the Medical Officer of Health. An expert gave our highest grade children of each class very searching tests, and out of 60 on the roll only one was found to be a border-line case."

**Proposals**

The conclusions suggested by the above discussions are that both the reporting of retarded cases and the selection of cases for examination are capable of improvement, and that at the examinations (*a*) the tests might be more rigorously applied, (*b*) the number of re-examinations required is excessive, (*c*) there is unnecessary hesitation in certifying high-grade cases. It remains to consider how improvements in these matters can be effected. It has already been suggested, although not yet carried out, that the Head Teacher of the Elementary School should be invited to attend at the statutory examinations for mental deficiency, and this suggestion should certainly be put into effect, as is done under many other authorities. The objects in view are (*a*) to assist the Medical Officers to assess the capabilities of the children, (*b*) to give the Head Teachers a better conception of the meaning of mental defect, and of the type of child most likely to benefit by attendance at the Special Schools. It is not necessary or even desirable from all points of view that the Head Teacher should be present at the examination of the children of his or her own school. A rota of the Head Teachers should be prepared, and as some 450 examinations are conducted yearly under the present arrangements, it should be possible to give every Head Teacher an opportunity of being present at least once within the school year. Not more than one Head Teacher should be present at any one examination. The result

would be a much clearer understanding of the meaning and nature of mental defect in relation to education and for the purpose of the Mental Deficiency and Education Acts. This understanding would be further fostered by adopting another suggestion already put forward, namely, to ask for occasional lectures by recognised experts on mental defect from the medical, psychological and pedagogical points of view. Dr. Eicholtz, Dr. Tredgold and Professor Burt might be invited to give the lectures. The lectures should be held during school hours, so that teachers can be required to attend.

The Special School itself is too often *terra incognita* to the teachers in the ordinary school; prejudice against the Special School is thus fostered by ignorance of the conditions obtaining there and by a wrong conception of the proper function of the Special School. Special Schools are too often regarded as a refuse pit for cases that cannot be dealt with in the ordinary school. On the contrary, a Special School should be regarded as a pathological laboratory in which the fundamental principles of teaching can be most favourably studied because of the difficulty of teaching defective children even the simplest things. For this reason it would help the work of ascertainment immensely, as well as improve the technique and experience of teachers in the ordinary schools, if they could be given an opportunity of working in a Special School at times. It is probably not practicable or in the best interests of these schools that teachers should be regularly transferred for periods of three or six months, but it might be possible to arrange for teachers to be given an "observation week" at times in a Special School. One Special School Head Teacher remarks, "At present many Head Teachers have never been inside a Special School, and conscientiously believe that by sending a child there they are doing that child a serious injury, and also are reflecting on the efficiency of their own school."

Mention was made above of the methods of selection for the statutory examination both at Nottingham and Stoke-on-Trent. The main idea is to substitute standardised educational tests such as Ballard's or Burt's for the mechanical procedure of reporting all children who are retarded two years or more. The really important point to secure in the work of ascertainment is early ascertainment. If children are to be certified and placed in a Special School, the earlier this is done the better for the children. It is therefore suggested that Head Teachers of all the infants' departments of the city should each September apply the Ballard three-minute tests in reading, adding, and subtracting to all the children who are six years of age at that time. A considerable amount of experimental work along these lines has already been done by Miss Atkinson Williams, one of the Authority's Inspectors of Schools. She has applied these tests to large numbers of children between 5 and 8 years of age, always in company with the Head Teacher of the Infants' Department. The latter have therefore had the necessary instruction in the technique of

applying the tests, and are in a position to put the suggested plan into operation forthwith. The number of words that the child reads in one minute is compared with the number read by the average child, and the reading age is obtained in much the same way as the mental age is determined by the intelligence tests. The tests therefore determine the reading age, the addition age, and the subtraction age, and an average is taken which is called the educational age. The Head Teacher should work out the educational age of each child of the age group six, and report with the figures the names of all children whose educational age is 12 months lower than the natural age of the child. The ratio of educational age to natural age multiplied by 100 gives the educational quotient, and is obviously 100 for the average child. The children who are one or more years behind on these tests have therefore an E.Q. of 85 or less. This is a suitable figure to mark off those cases which require further investigation, and is adopted at Nottingham. The lists can then be submitted to the inspectors, as the retarded lists are at present, who will make a selection of cases for the statutory examination, due allowance being made for cases where low attainment may be due to physical defect or irregular attendance at school. It may be mentioned that Miss Williams, on the basis of her work this year with the children between 5 and 8 years of age, is hoping to adjust the norms or averages of the Ballard tests to Leeds conditions; the norms used at present are those obtained by Dr. Ballard before the war, and refer to London children. These proposals seem to promise a real improvement at the first and second stages of ascertainment. As already pointed out, the most important point is early ascertainment, and if all the children of an age group such as this are tested, the net should be drawn close. Children who are absent when the test is being applied can be tested on return to school. Children who have never been sent to school because of mental defect will be discovered and reported by the Inquiry Officers as at present. For some years there will remain numbers of older defective children to be discovered, and the present methods can be continued for this purpose, that is, retarded lists should be sent in to the Education Office and submitted to the Inspectors.

It remains to consider the statutory examination, the third stage of the ascertainment. The considerations already put forward showed that in general the number of defective children ascertained in Leeds should be considerably larger, and in all probability the proposals put forward above would increase the number of new cases for examination. It is clear that if the number of cases for examination is increased, and the policy of deferring diagnosis and requiring further examinations is persisted in, the work will come to a standstill. There are even at present arrears in this work due to the number of re-examinations required. It is therefore necessary to press this matter upon the attention of the School Medical Officers. The question of certifying larger numbers of

high grade defectives is bound up with it, and should also receive their earnest attention. There is good reason to suspect that much of their hesitation in certifying is due to strong opposition on the part of parents to sending their children to Special Schools, and it cannot be denied that there is some moral force behind the parents' objection in the case of the high-grade children, because in the Leeds Special Schools there are numbers of low-grade defectives and even imbeciles. There is thus something like a vicious circle here; Medical Officers refuse to certify high-grade cases because the parents object; parents object because the schools are full of low-grade children; the schools are full of low-grade children because the Medical Officers do not send high-grade children. The circle must be broken by discharging low-grade cases from the schools, but this question is more fully discussed below.

In fairness to the Certifying Officer it must be granted that in so far as hesitation in diagnosis is due to the presence of genuine clinical difficulties, the Medical Officer cannot be pressed; in view of the serious nature of the examination, he must be thoroughly satisfied with the soundness of his diagnosis and that there are specific clinical symptoms of mental defect present. But on the other hand the Medical Officer is not concerned with the reasonableness or unreasonableness of parental opposition or with any difficulties that may be felt on compassionate grounds. Certificates should not be withheld or postponed for such reasons, and the certificate once made the case should pass into the hands of the Director, who will take reasonable account of the special circumstances of each case. There is reason to think that if the Medical Officers confine themselves purely and simply to diagnosis, fewer re-examinations will be required. It is also suggested that the Medical Officer should in such case state briefly the reason why re-examination is required.

Minor improvements in the conduct of the certifying examinations have also been considered, chiefly with a view to economising time. Little in this way seems possible, however, and it is only suggested that Forms 41D and 306M might be combined (as at Birmingham in Form 306SS), as a few of the sections appear to be duplicated.

Another question which might be considered is whether Burt's London revision of the Binet-Simon test should be substituted for the Stanford revision at present in use. The latter is not wholly suitable for English children, some of the assignments being too easy, others too hard. The advantage of Burt's revision is that it is definitely based upon data obtained from a large number of English children.

## DISPOSAL

It is the business of the Education Authority once defectives have been ascertained, to make special arrangements for their education. This takes the form of setting up Special Schools or Special Classes and

of sending suitable cases to Residential Special Schools. Cases which in the opinion of the Authority cannot be dealt with in this way are handed over to the Local Mental Deficiency Act Committee. The avenue along which the majority of these children pass is the Day Special School, and the question of deciding which children are suitable for admission to and retention in the Day Special School is one which faces all Education Authorities. It is often a difficult matter to decide, as the whole personality of the child must be taken into account, and each case must be decided on its own merits, but it is a matter of elementary logic to see that if any decision is taken at all, certain general principles are in fact being followed. It is therefore of the first importance to isolate these principles if administrative chaos is to be avoided.

**Leading Types of Defective Children**

Defectives may, for purposes of disposal, be regarded as belonging to four well-marked types. It is true that as degree of defect is one of the main principles of discrimination, the types tend to pass into one another. They remain distinct, however, and typical examples can always be recognised.

(1) *High Grade with Normal or Stable Temperament and Conduct.*

Characteristics—general sub-normality of intelligence. Powers of understanding, reasoning, learning, well below average. Memory, attention, concentration markedly weak. Limited power of generalisation even when working in concrete material. Conduct not noticeably different from that of normal children. Little or no emotional instability apparent—often a certain sluggishness of will I.Q. generally 80 to 70.

This type is admittedly difficult to distinguish from the merely dull or backward type, and long experience is required for correct diagnosis. Special characteristics are the weakness of memory and concentration already mentioned, and in the case of older children inability to compose. The order of difficulty of the intelligence tests is not the same for defectives as for dull and backward children, and the successful answers are often widely scattered (Burt's Mental and Scholastic Tests, pages 204 seq.). The order should therefore be carefully noted. Data regarding physical defect, home environment and family history obviously help; physical defect or bad home circumstances, e.g., causing non-attendance at school, will predispose to the diagnosis "dull or backward," while a family history of mental defect will predispose in the other direction. For successful diagnosis compare the passage already quoted on page 19.

(2) *High Grade with Instability of Temperament.*

Characteristics—general defect of intelligence, but often less marked than in the first type. More or less emotional instability and defects of character. The child is apt to be mischievous, quarrelsome, hypersensitive and generally out of control. The type is therefore sometimes called "aggressive." There may be a history of lying, stealing, or vice. I.Q. 85 to 70. There should be no difficulty of diagnosis.

(3) *Medium Grade.*

Characteristics—general all-round defect. Poor intellectual and emotional response. The child is often dull, heavy and inactive, and speaks in whispers or indistinctly. This is perhaps the commonest type of defective, and is sometimes called "repressed." I.Q. 70 to 50. Ordinarily there is no difficulty of diagnosis, but the question remains how far the child can be educated.

(4) *Low Grade, including Imbeciles and Idiots.*

Characteristics—general defect of intelligence so great that there is often no response at all. Imbeciles and idiots usually exhibit imperfect control and marked irregularities of conduct, e.g., of gait, speech, etc. It is sometimes difficult to distinguish between low grade feeble-minded cases and imbeciles, but it is of minor importance for disposal, as the Day Special Schools cannot deal with either. I.Q. generally 50 or below. It may be noted that cases of somewhat higher grade, with I.Q. as high as 60 to 65, which display marked instability of conduct, are usually found to be imbecile or to become so.

The Day Special School is the main resource open to an Education Authority in dealing with mentally defective children, and the question therefore is how far these four types are severally suitable for that institution. Serious cases of the second type will clearly be sent to residential institutions; the less serious cases can be tried in a Day Special School and are often successfully dealt with there. Imbeciles and idiots are excluded by statute from the Special Schools, and must be notified to the Mental Deficiency Act Committee. The Day Special School is therefore asked to deal with the first type, some of the second, the third, and usually some of the fourth on probation. It has been maintained repeatedly in recent years that the types to be found in Leeds Special Schools are too low; that too few high-grade cases are admitted, and that too many low-grade cases are admitted and retained.

**High Grade Children and Day Special Schools**

It is clear from the survey of the work of ascertainment that few high-grade cases are certified in Leeds, and as cases are not admitted to Leeds Special Schools except under the statutory certificate, it follows that the number of high-grade cases in the schools is small. Such cases are for the most part allowed to remain in the ordinary schools. Two arguments are usually advanced in support of the policy of allowing defective children to remain in the ordinary schools. The children, it is maintained, especially high-grade children, should not be subjected to the "stigma" which attaches to attendance at the Special School. This "stigma" is apt to be attended by social and industrial disability; the children are slighted by their fellows, and find it difficult to obtain employment. The other line of argument is that defectives should be encouraged to associate with normals rather than be segregated, provided that they exhibit no glaring irregularities of conduct. It is said that there is some possibility of improvement in their mental condition from association with normals, but that they tend to fall back if they are too much in the company of other defectives. These arguments are plausible but not convincing. The fact of attendance at the Special School does not in itself debar the child from employment; it is his condition that debars him from many avenues of employment. The defective child masquerading as a normal will not long deceive an employer. The only point of importance is the requirement to remain in attendance until 16 years of age, when it is somewhat late even for normal children to

enter industry; but this point is met by the present system, whereby suitable cases are exempted from further attendance after the end of the term in which they attain 14 provided that they obtain and keep satisfactory employment. On the other hand, the backward child mistakenly certified as defective and put through a Special School will speedily outstrip the genuine defective in employment, and will probably be all the better for the individual care and attention which he has received in the Special School. The contention that the defective may improve if left in the ordinary schools is surely not borne out by experience. It is well-known that the degree of defect in general tends to become slightly greater as the child grows older (Burt, *op. cit.*, page 151), but in any case the degree of retardation is proportional, and increases with the age of the child, even if the I.Q. remains constant. For example, a child of I.Q. 70 is retarded two years at the age of 7, but three years at the age of 10. These facts appear to hold quite independently of the child's environment. In addition the child is probably happier in the Special School than in the ordinary school, where he is inevitably regarded as inferior. The point was well made by one speaker at the National Special Schools' Union Conference 1927, who asked us to imagine ourselves transferred to a community where the average I.Q. is not 100 but 180, and to consider the constant irritation which would result from the feeling of inferiority to the rest of the community. The effect of such an "inferiority complex" upon a child of school age is serious, and particularly so for the high-grade defective. The probability is that it is just in this way that many high-grade cases become unstable, and if left without special care appear at a later stage in the Courts as juvenile delinquents. The one circumstance that would save the argument for leaving high-grade defectives in ordinary schools is the retention of imbeciles and other low-grade cases in the Special Schools. That point is discussed below, and it will appear that the practice is not defensible. If these unsuitable cases are discharged, the stigma will tend to disappear in the course of time. On the whole, therefore, there is good ground for belief that the high-grade defective is better in the Special School than in the ordinary school, and the refusal to adopt that policy results in a dilemma; if he is certified the certificate means that he is unable to obtain proper benefit in the ordinary school; if he is not certified, certain well-recognised dangers may result which have already been pointed out by the Mental Deficiency Act Committee.

### The Types Admitted to the Leeds Special Schools

Let us now examine the types of children admitted to and retained in the Leeds Special Schools. The most obvious starting point is to survey the intelligence quotients of the cases actually in the schools with a view to showing the percentage of cases at the various levels of defect. The cases which were in the schools at the time when Dr. Stockwell and Mr. Moulden conducted their investigation in February 1927, have been

chosen, and the figures compared with those of a similar table given in the C.M.O.'s report for 1925, page 87, relating to 2,712 children from 32 areas—

| I.Q. | Children | | Percentage | |
|---|---|---|---|---|
| | Leeds | B. of E .Report | Leeds | B. of E. Report |
| 80–100 ... | — | 128 | — | 4·7 |
| 75– 80 ... | 9 | 179 | 3·2 | 6·6 |
| 70– 75 ... | 27 | 290 | 9·6 | 10·7 |
| 65– 70 ... | 58 | 388 | 20·6 | 14·3 |
| 60– 65 ... | 69 | 526 | 24·5 | 19·4 |
| 55– 60 ... | 45 | 428 | 16·0 | 15·8 |
| 50– 55 ... | 37 | 305 | 13·1 | 11·2 |
| 45– 50 ... | 19 | 157 | 6·7 | 5·8 |
| 40– 45 ... | 12 | 165 | 4·3 | 6·1 |
| 35– 40 ... | 2 | 85 | 1·1 | 3·1 |
| 30– 35 ... | 0 | 61 | 0 | 2·2 |
| 25– 30 ... | 0 | 0 | 0 | 0 |
| 0– 25 ... | 2 | 0 | ·07 | 0 |
| Total ... ... | 281 | 2,712 | — | — |

The table does not reveal any unusual precentage of low-grade cases in the Leeds Schools. About 25% show I.Q. 55 or lower in Leeds, compared with 28% elsewhere; there are 12% with I.Q. 50 or less in Leeds, 17% elsewhere. On the other hand, fewer high-grade cases appear in the Leeds figures than in those of the Board's report. Generally, in the Leeds schools medium grade cases of I.Q. in the neighbourhood of 60 prevail. But this comparison is very far from exposing the whole position. The Board's figures are composite, and refer to a large number of areas which reflect a variety of policy and practice. The tendency, since the establishment of Day Special Schools a generation ago, has been to raise the standard of admission. It may be noted also that London figures are specifically excluded from the calculation. One very important point does not come out in this comparison, namely, the length of time for which the low-grade cases are allowed to remain in the Special Schools. It will be found that there has been a decided tendency to leave these cases in the Leeds Schools for very long periods, in some cases for as long as 6 or 7 years. Now it is difficult to preclude altogether the admission of low-grade cases, and therefore most Special Schools will show a percentage of them, but if they are allowed to remain only for a few months until it is clear that they cannot obtain any reasonable benefit by remaining longer, their effect upon the school will be very different from the effect of allowing them to remain for a number of years. Among the Leeds cases there is one of I.Q. 35 and another of I.Q. 20, both of which had been at the school for longer than 12 months.

The main point is to discover how the children in these schools have reacted to the Special School environment. This aspect of the mental deficiency problem was the special object of the inquiry conducted by Mr. Moulden and Dr. Stockwell, and their evidence may be briefly restated. Of some 280 children one was equal to a good Standard I. in arithmetic; 18 could read up to Standard III. or IV.; 40 up to Standard I. or II.; the remainder, nearly 220, were below a 7-year-old. A certain number could write well enough for Standard I.; in spelling, 4 children were equal to Standard III., 10 to Standard I. or II. A total of 122 children were pronounced ineducable in the fundamental subjects of Elementary School instruction. The handwork was little better; it is said that for the most part the children were doing what an ordinary Standard III. child would do as well and much more quickly. No opinion was expressed as to the value of the handwork for prognosis of success or failure in employment on leaving the Special School, but one favourable point is noted—the girls get excellent practice under really practical conditions in kitchen work and housewifery. On the side of temperament and conduct it was found that, generally speaking, will power and concentration were very poor, and that a considerable number of children were anti-social in type. The last point is of some importance as low-grade children, who are also anti-social, are usually found to be imbecile. The fundamental point made in the report is that 122 out of 280 cases appear to be ineducable in school subjects, and ought, it is presumed, to be excluded. These figures amount to 44%, and form a startling contrast with the percentage of low-grade cases shown in the I.Q. table. It would appear, in short, that not only are low-grade cases unsuitable for Day Special Schools, but also a considerable number of cases of higher grade apart from instability of temperament. It therefore seems worth while to scrutinise the results more closely.

Dr. Stockwell and Mr. Moulden applied the Ballard three-minute tests throughout the five schools, and recorded the results. In order to economise time, three of these schools were selected in September 1927, and the Ballard tests were again applied to certain groups of the same children by another Inspector. The two sets of results were compared, and a high correlation was found. The results can therefore be regarded as reliable, and the results of 180 cases in the three schools referred to have been used in the following analysis. These three schools and the 180 cases are representative of all five schools, and the conclusions reached are applicable to all. The Ballard results have been tabulated in the form of educational quotients, these figures being arrived at by dividing the educational age, as found by the tests, by the natural age and multiplying by 100. The resulting figure indicates a comparison with the attainments of a normal child of the same age. The median quotient was found to be 50, which means that at least half of these 180 cases reached the low attainment level of half their natural age. It will be

readily understood how low the general level of attainment is if it is remembered that E.Q. 50 means that at 16 (the upper limit of age for the Special School) the attainments would be no more than those of a child of 8. In the case of younger children the attainment level would, of course, be proportionately lower. The meaning of the figures may be made even clearer by taking the ages of the children into account.

The cases showing E.Q. 50 or lower were distributed as follows—

| Natural Age | Number of Cases showing E.Q. 50 or Lower, or No Response |
|---|---|
| 15—16 ... ... ... ... | 6 |
| 14—15 ... ... ... ... | 20 |
| 13—14 ... ... ... ... | 10 |
| 12—13 ... ... ... ... | 8 |
| 11—12 ... ... ... ... | 12 |
| 10—11 ... ... ... ... | 13 |
| 9—10 ... ... ... ... | 8 |
| 8— 9 ... ... ... ... | 10 |
| 7— 8 ... ... ... ... | 6 |
| | 93 |

The Ballard tests do not indicate an educational age of less than 5, and therefore the children of normal age less than 10 should be left out of the calculation. Allowing for this we have 70 cases, or just on 40%, with this low level of attainment. Yet another way of exhibiting the results is to translate the educational test into terms of standards in the ordinary schools, on the basis that, e.g.. Standard I. means that the results are those of a normal child of 6 years 7 months to 7 years 6 months.

| Natural Age | Standards | | | | | Infants | Below Infants | Total |
|---|---|---|---|---|---|---|---|---|
| | V. | IV. | III. | II. | I. | | | |
| 15–16 ... | 2 | — | 1 | 4 | 2 | 2 | 2 | 13 |
| 14–15 ... | — | 1 | 1 | 7 | 11 | 6 | 6 | 32 |
| 13–14 ... | — | 1 | 4 | 5 | 5 | 6 | 3 | 24 |
| 12–13 ... | — | 1 | 2 | 5 | 12 | 4 | 4 | 28 |
| 11–12 ... | — | 1 | — | 3 | 7 | 9 | 8 | 28 |
| 10–11 ... | — | 2 | — | — | 3 | 6 | 12 | 23 |
| 9–10 ... | — | — | — | — | 4 | 2 | 8 | 14 |
| 8– 9 ... | — | — | — | — | — | 3 | 10 | 13 |
| 7– 8 ... | — | — | — | — | — | — | 5 | 5 |
| | 2 | 6 | 8 | 24 | 44 | 38 | 58 | 180 |

The figures speak for themselves, but attention may be drawn to the 16 cases of 12 years and over who have been unable to reach even the infants' stage, and to the further 17 cases of the same age range who have not passed beyond the infants' stage. In short, it has been possible to do practically nothing with one-third of the children between 12 and

16 years of age. It can hardly be contended that the Ballard test is not a fair test for defective cases. The above table shows that the educable cases duly react to the tests. The fundamental point brought out is that neglecting cases under 10 years of age, 40% have attainments of less than half their natural age, and 37% have not passed beyond the infants' stage.

The discrepancy between the I.Q. and E.Q. figures suggests a more detailed comparison. The comparison was restricted to the I.Q. obtained on admission. It would have been interesting and instructive to have had the I.Q. taken at the time when the Ballard tests were applied, but owing to considerations of time this was not possible. It is known, however, that the I.Q., if correctly ascertained in the first instance, remains fairly constant except for a slight downward tendency. A table was constructed similar to that given on page 26, but restricted to the 180 cases now under consideration, and the corresponding figures added for the E.Q.

| | No. with I.Q. | Per Cent. | No. with E.Q. | Per Cent. |
|---|---|---|---|---|
| 80–100 ... | — | — | 3 | 1·7 |
| 75– 80 ... | 4 | 2·2 | 5 | 2·8 |
| 70– 75 ... | 12 | 6·6 | 5 | 2·8 |
| 65– 70 ... | 38 | 21·1 | 14 | 7·8 |
| 60– 65 ... | 47 | 26·2 | 15 | 8·3 |
| 55– 60 ... | 32 | 17·7 | 20 | 11·1 |
| 50– 55 ... | 17 | 9·4 | 25 | 13·9 |
| 45– 50 ... | 14 | 7·8 | 21 | 12·1 |
| 40– 45 ... | 5 | 2·8 | 10 | 5·6 |
| 35– 40 ... | 6 | 3·3 | 4 | 2·2 |
| Less than 35 | 3 | 1·7 | 1 | 0·7 |
| Not tested ... | 2 | 1·1 | — | — |
| No response ... | — | — | 57 | 31·1 |
| | 180 | — | 180 | — |

It will be noticed that 31% of the children gave no response to the Ballard tests, but it is only in the case of children under 10 that this failure of response gives no indication of E.Q. In the case of children 10 or over failure means that the child is at the most under 50 E.Q. The table adjusted accordingly appears as follows—

| | No. with I.Q. | Per Cent. | No. with E.Q. | Per Cent. |
|---|---|---|---|---|
| 80–100 ... | — | — | 3 | 1·7 |
| 70– 80 ... | 16 | 8·8 | 10 | 5·6 |
| 60– 70 ... | 85 | 47·3 | 29 | 16·1 |
| 50– 60 .. | 49 | 27·1 | 45 | 25·0 |
| Under 50 ... | 28 | 15·6 | 70 | 39·0 |
| Not tested ... | 2 | 1·1 | — | — |
| No response ... | — | — | 23 | 12·8 |
| | 180 | — | 180 | — |

The contrast could hardly be more marked. A scrutiny of the individual cases was made, and the variations were found to be unexpectedly great and at first sight bewildering. Some of the more striking examples are given below.

| I.Q. on Admission | E.Q. 1927 | Time in Special School | | Natural Age | |
|---|---|---|---|---|---|
| | | Y. | M. | Y. | M. |
| 55 | 71 | 3 | 11 | 13 | 5 |
| 59 | 92 | 3 | 9 | 10 | 3 |
| 73 | 53 | 4 | 2 | 14 | 0 |
| 72 | 54 | 2 | 11 | 12 | 10 |
| 70 | 47 | 5 | 4 | 15 | 5 |
| 66 | 41 | 6 | 0 | 15 | 11 |
| 66 | 41 | 6 | 9 | 15 | 2 |
| 60 | 62 | 2 | 4 | 13 | 6 |
| 75 | 71 | 3 | 0 | 11 | 8 |
| 50 | 50 | 2 | 3 | 12 | 5 |
| 46 | 39 | 3 | 4 | 14 | 0 |
| 49 | No response | 4 | 6 | 12 | 10 |
| 38 | No response | 4 | 9 | 14 | 9 |

These cases present a marked diversity of response to the environment of the Day Special School, and on examination there appear to be three distinct types of reaction. There are cases whose attainments after a period in the Special Schools are in advance of the mental development which the I.Q. on admission would lead one to expect; in other cases the educational development proceeds *pari passu* with the mental development; and lastly, there is a large number of cases whose rate of educational progress is considerably slower than might have been expected. For convenience these cases may be called progressive, stationary, and regressive respectively, and the cases are placed in one or other of the groups according to the numerical difference between the I.Q. and the E.Q., a difference of 5 or more above or below the original I.Q. being taken as a working basis. On any such numerical basis border-line cases, of course, occur. The result of this investigation was that by far the greater number of the cases were found to be regressive, but also that the progressive group was by no means negligible, some of the individuals showing remarkable progress. One case is given above—I.Q. on admission 59, E.Q. 92, not far short of normal. This may be the case which Mr. Moulden found worthy of consideration for return to ordinary school. It does not appear that much work has been done in the way of studying the progress of defectives in Special Schools by statistical methods, but if the three types of response suggested by these figures can be substantiated over a wider field and with a more elaborate system of testing, an important means of prognosis would be provided. The regressive cases are likely to reach their "mental limit" some considerable time

before they attain 16 years of age, and their retention in the Special School would have to be justified on other grounds. The figures for the 180 cases here considered are as follows—

| | | |
|---|---|---|
| Progressive ... ... ... ... | 19 | 10·5% |
| Stationary ... ... ... ... | 30 | 16·7% |
| Regressive ... ... ... ... | 116 | 64·4% |
| Undetermined ... ... ... ... | 15 | 8·3% |

We are now in a position to compare the progress made in the Special School by low-grade cases and medium-grade cases respectively. As might be expected, the cases of low-grade show up very badly; there is only one out of 30 cases of I.Q. 50 or lower that is progressive, and two that are stationary, one of the latter being so low that the results are almost negligible; the others are either definitely regressive or so low as to be ineducable on the score of lowness of grade alone.

The very meagre results obtained from these low-grade cases raise the question whether they ought to be admitted at all to Day Special Schools. The question depends partly upon degree of defect. If the I.Q. at the time of certification is as low as 40 or lower, the answer appears to be decidedly "No." There is no vestige of hope that anything can be done in the Special School in cases of this kind. As for cases between 50 and 40 I.Q., the one case quoted above which was found to be progressive shows that they should be given a short trial, but the period of the trial should be strictly limited and the case kept under close observation. The Director of Education, Manchester, says, "Children with I.Q. less than 50 are always doubtful cases for the Special School. An I.Q. below 40 is definitely too low." The Director at Birmingham says, "Children with a mental ratio of below 50 are, if at all possible, given a trial period in the mentally defective school, but few of them make sufficient progress to warrant their retention. Practically all having a mental ratio below 45 are reported to the Local Mental Deficiency Act Committee after their trial period." The Education Officer of Edinburgh—"Those with I.Q. less than 45 with consideration as to behaviour, progress, morals, etc., are notified to the District Board of Control." The School Medical Officer, Stoke-on-Trent—"Those with I.Q. of less than 50 should as a rule be notified to the Local Control Authority." The Director of Education, Liverpool—"Ineducable children referred to Local Mental Deficiency Act Committee. Intelligence quotient below 45."

The consensus of opinion is that cases of I.Q. 40 and under are hopeless, and that it is exceptional to find a case of I.Q. 50 to 40 which makes recognisable progress in a Day Special School, nor is there anything in the history of such cases in the Leeds schools which tends to shake that

opinion. In spite of this they are retained for very long periods, as the following table will show—

| No. of years in Special School | No. of children I.Q. 50 or lower |
|---|---|
| 7—8 ... ... ... ... ... | 1 |
| 6—7 ... ... ... ... ... | 2 |
| 5—6 ... ... ... ... ... | 0 |
| 4—5 ... ... ... ... ... | 3 |
| 3—4 ... ... ... ... ... | 3 |
| 2—3 ... ... ... ... ... | 9 |
| 1—2 ... ... ... ... ... | 7 |
| Below 1 ... ... ... ... ... | 5 |
| | 30 |

These are cases of the lowest type, and their diagnosis could surely be completed within 12 months. They include one case with I.Q. 25 and another with I.Q. 20, both of which remained in the school longer than 12 months.

We may press the question further, and ask whether these cases include imbeciles. The degree of defect, e.g., in the two cases just quoted, would suggest it, and indeed positive evidence is not lacking.

(*a*) It has been found that 6 cases among those whose names were voluntarily passed to the Mental Deficiency Act Committee or notified under Section 2 (2) (*b*) of the Mental Deficiency Act 1913, were definitely certified as imbecile after notification. These cases, of course, were allowed to run their full course in the Special Schools and left at 16 years of age.

(*b*) Upon the completion of the report of Dr. Stockwell and Mr. Moulden in 1927, a number of cases were discharged as ineducable, and of these 9 were certified as imbecile. Six of the nine were more than one year in the Special Schools as follows—

| | |
|---|---|
| 4 years 4 months. | 3 years 11 months. |
| 3 years. | 1 year 4 months. |
| 1 year 2 months. | 1 year 1 month. |

(*c*) Since the present investigation was begun 10 of the cases noted as unsuitable have been notified as imbeciles, all of whom were more than a year in the school.

Details of some individual cases may be given—

(1) One of the cases cited above under (*c*) had been 7 years in the Special School when seen last September, and on that occasion she showed all the obvious marks of imbecility. She was over 15, and in a class along with children of age 7 to 10. She had no attainments whatever, and was eventually notified as imbecile a few weeks later.

(2) A girl of 11½ who had been 3½ years in the Special School—I.Q. 40, attainments *nil*. Conduct anti-social, and at times violent. Eventually notified as imbecile.

(3) A boy of 10, 2½ years in Special School. I.Q. 50. Report received from the School Medical Officer—"The above-named child, who has been in attendance at the Hunslet Hall Road Special School was certified as imbecile in October 1926. At the parents' wish the boy was allowed to continue for a further period of six months in the Special School. I again reviewed the case on the 9th September 1927, and in view of the fact that the boy has made some progress, I recommend a further period of six months before the question of notification is again considered." The boy is still in the Special School.

(4) A boy. Date of birth, 22nd March 1921. Speech defect. Report of 24th June 1926—"Is imbecile; examine at 7 years. Useless to try Elementary School—has no control." Report of 15th July 1927—"Uncontrolled. No school till 7. Cannot be left without control or he would wander. Certified for Special School—hold in abeyance for 12 months."

Why have these cases not been notified? There is an extraordinary hesitation in notifying imbeciles. Two further cases which are not in Day Special Schools, but which should have been notified long ago, may be given.

(1) A girl sent to a Residential Special School in 1920. She is now approaching 16, and about to leave. This is the report received from the School—"She is a Mongolian imbecile, in our opinion quite unfitted to take her place in the world without constant supervision and protection. She is quite a baby in manner, perfectly clean in her habits, and shows no vicious tendencies." She was clearly never capable of being taught anything; as for habits, she has a good home, and could have been trained perfectly well there. The net result is that she has cost the country £440 (at £55 a year), for which there is nothing to show.

(2) A girl of 14. The following is her history—13th February 1919. Cretin. Only able to say a few words. Unfit for O.S. Should be examined as to suitability for Special School on attaining age of 7. 25th February 1921. M.D. Certified for Special School. The parents live a very long way from the S.S.; owing to slightness of improvement likely, child had better try village school. 12th September 1921—Mongol. Unsuitable for O.S. and little use in S.S. Under the circumstances of home being so far out of town, she is as well in the village school as anywhere else. 20th October 1926—Re-examined. Terman is now 30 per cent. Owing to difficulty of access, she will have to remain in her present Moortown School. Examine again in 12 months for purposes of notification. 2nd March 1928—Imbecile. Notify.

There can be no doubt that there are imbeciles in the Special Schools, and that in not a few cases they have been allowed to remain there for a time which cannot be described as reasonable. Time after time, when the Head Teacher reports a list of ineducable children, notes are made such as—"Making slight progress; to remain," "Can now say a few letters; to remain," which indicate that the slightest improvement, however minute, is seized upon as a pretext for retaining the child in the Special School. How long are we to go on observing microscopic improvements at a cost of £28 per annum a head?

The policy of retaining imbeciles in Special Schools is a disastrous one, and stultifies the whole object and aim of these schools. The object is the suitable education of defective children who cannot be dealt with in the ordinary school, and the retention of imbeciles who cannot be educated at all inevitably means that a very large number of educable defectives do not reach the Special School because of the opposition

encountered in all quarters to the admission of high-grade defectives alongside imbeciles and other cases of very low grade.

Dr. Stockwell says—

"There is no doubt that the community as a whole regard the Special Schools as places for imbeciles and low grade, feeble-minded children. During the investigation I have spoken to a number of Head Teachers of normal Elementary Schools, and I have been staggered by the number of them who say in effect that the Special Schools are the place for imbeciles. Only a few have expressed the view that in their opinion the schools are used wrongly, and should be made into schools of help or recovery where slower children may become enabled to live in the community rather than on it. If, however, teachers have a wrong idea as to Special Schools, what can be expected from parents ? Many times a year have I been told by parents, 'I will not let my child go to the silly school.' There is no doubt that some of the types in attendance are partially responsible for the stigma, and that parents see and know of children already in the schools who may be, and often are, worse cases than their own."

The Director of Education, Manchester, notes—"The presence of lower grade children in a Special School, who as a rule look defective, is apt to aggravate this difficulty (the objection of parents)." A case in point has occurred quite recently. A child was certified mentally defective of medium grade so far back as 1925. The parents flatly refused to allow the child to go to a Special School on the grounds that are discussed above, and disputed the diagnosis. After long negotiations and repeated examinations, the case was finally left to the jurisdiction of the Board of Education. The Board have examined the child and confirmed the School Medical Officer's diagnosis, and accordingly issued an order determining the child's mental condition. The parents have been informed, and advised that there is now no question of disputing the diagnosis, but they refuse as doggedly as ever to sanction the child's admission to the Special School. The child, it need hardly be pointed out, is a very suitable case for a Special School. The point is brought out in its most general reference in paragraph 85, page 87, of the Chief Medical Officer's Report 1925—

"Individual schools not unnaturally vary considerably in their practice in regard to the mental grade of children admitted. . . . In some towns there has been a tendency from the time the school was opened to make provision for children of lower rather than higher mental grade. . . . But the retention of these low grade children, natural as it was in view of the fact that there was, generally speaking, no other provision available, tended to stamp the schools as 'silly schools,' and so led to prejudice against them on the part of the parents whose children, however educationally backward, may have presented few obvious traits of defect of conduct and bearing. As a result the type of child admitted to the Special Schools tended for some years to become lower through hesitation to recommend for admission children of higher mental grade. Latterly, however, there has been a reaction against the policy partly owing to the feeling that many of the low grade children make little that could be called 'educational' progress, however much they may have benefited in personal and social deportment and habits, and partly because with the passing of the Mental Deficiency Act 1913, the onus of caring for children of lower mental grade has been removed from the Education Authority and placed on the Local Control Authority. . . . It is not too much to say that the centre of gravity of the whole problem of the mentally retarded and the mentally deficient child has moved."

So much for the children of low grade. But they only account for some 30 cases out of our 180, i.e., about 17%, while Mr. Moulden found 44% of the children ineducable, and in the present investigation we have already seen that some 40% have made little, if any, progress. It would follow from this that a considerable number of medium grade cases turn out, after a trial, to be as unsuitable for the Day Special Schools as the low-grade cases. It is at this point that the view suggested above, that children react in certain typical ways to the Special School environment, if substantiated, helps us most. The medium-grade cases, with I.Q. ranging from 70 to 50, whose retention in the Special School appears to be in doubt, are naturally those referred to above as regressive. The important point about this type, it may be recollected, is that the rate of progress in the ordinary subjects of education is more or less slower than the mental ratio would give one to expect, and that the "mental limit" or perhaps more strictly the "educational limit" is reached at an early stage. Now, of course, the regression may be more or less severe. All varieties of cases will be found from those who reach their mental limit so soon that strong evidence of suitability on some other ground than educational would be required to justify their retention to those whose response is certainly slower than might be expected, but who promise to reach a level of attainment which may be regarded as reasonable. It is necessary therefore to turn again to the E.Q. figures in conjunction with the natural ages in order to isolate those cases where the level of attainment is so low, and the hope of appreciably raising the level is so slight, that their immediate discharge as ineducable should be considered. In the first place, 6 cases over 12 years of age gave no response at all to the Ballard tests, which means that their level of attainment was lower than that of a child of 5 years. Twelve more cases showed an E.Q. of 45 or lower; 10 cases between 10 and 12 years of age gave no response to the tests, and in 2 cases the I.Q. was not much past 50, and the presumption that they are obtaining appreciable benefit in the Special School is small. These make altogether a group of 20 cases whose educational results, after a reasonable, in some cases a long, period of trial, are so disappointing that it is difficult to say why they should be retained. Then, again, there are the other 8 cases between 10 and 12 years of age who gave no response to the tests; 17 under 10 years of age who similarly gave no response, but whose diagnosis cannot be completed in this way at the present stage because they are so young; 19 with E.Q. between 45 and 50. Here we have a further group of 44 whose performance is so moderate that they should be placed under careful observation and individually considered. A number will, no doubt, be found worthy of prolonged trial in the Special School, but there is little doubt that in others the Special School will be found to have reached the limit of usefulness. Thus we have a group of 20 medium-grade children which appears to be immediately notifiable, and a further group of 44 which should be individually considered.

**The Interpretation of "Benefit"**

These considerations raise one of the most difficult and controversial questions connected with this subject; what standard of attainment of improvement is to be regarded as justifying the retention of children in the Day Special Schools? In dealing with the low-grade cases of I.Q. 50 and below we are on safe ground. Imbeciles are excluded by statute. It is true that the Education Act presents us with no definition of imbecility, but the Mental Deficiency Acts do, namely, incapability of managing one's own affairs. The Acts also provide that feeble-minded children who are incapable of deriving benefit from instruction given in Special Schools should be excluded, and in the great majority of these low-grade cases a short period of trial makes that point abundantly clear.

The question, however, is much more difficult in the case of medium-grade children. In some cases they may be diagnosed as incapable of managing their own affairs, and therefore as imbeciles, but such cases are relatively few, and the Statute leaves us with the problem of interpreting the word "benefit." "Educability" is sometimes substituted for the phrase "incapable of receiving benefit," but it does not cover quite the same ground, and is apt to obscure the issue. It may be held that if a child can be taught anything at all, he should be retained in the Special School. This is a view which leads nowhere, because as a rule it is only the idiot who cannot be taught anything at all; even the imbecile can usually assimilate in a very slight degree. It is better to hold to the word "benefit." In what ways may any defective child be expected to derive benefit from the instruction given in Special Schools? He may be taught the basic subjects of elementary education, and children of higher grade can assimilate them as a rule up to the stage of usefulness in after life. Many never get beyond Standards I. or II., but even this is some benefit, as there are nowadays few walks in life open to those who are totally unable to read, write, or count. Generally speaking, however, it would be absurd to restrict the term "benefit" to purely educational instruction in the case of the Special School. In this respect the Special School is in an entirely different category from the Elementary School. There is a type of defective which cannot assimilate such instruction at all, but whose level of intelligence is considerably above that of the imbecile or idiot, and who can attain a reasonable degree of manipulative efficiency. A child may therefore receive benefit from the manipulative training given in the Special Schools in the form of handwork at the junior stage and training on more definitely vocational lines at the senior stage. It is clear that a child who obtains small benefit from the educational instruction, but makes appreciable progress on the manual side, should be retained. Lastly, there are few children, only those of the most pronounced anti-social type, who are not improved in habits and general deportment by the Day Special School.

Dr. Stockwell puts it thus—

"Whilst a child should be capable of receiving *proper benefit* at an ordinary school, the word benefit alone is used as regards the Special School. Consequently children will remain in Special Schools all over the country who *do* receive benefit in a small degree. This is to say, they become cleaner both in habits and appearance; the little will power they may possess is utilised to the full, and they do in some cases make a small amount of educational progress. Their teachers become attached to them, and use most strenuous endeavours to produce negligible results."

What, then, is the general principle underlying these particular examples of "benefit"? There is no guidance to be found in history, tradition, or statute, and it seems that the question can only be taken on its own merits, and considered in the light of common sense. The standards which apply to the education of the normal child, and which have such a long history behind them, assessed and re-assessed as they have been by each succeeding age according to its lights, have at most only a partial reference to the defective. When the matter is looked at in this way, the clue is easily found. It lies in the extent to which the special school training enables the child to become wholly or partially self-subsistent. A Standard III. knowledge of the three R's will not of itself help him much to earn his living; on the other hand, a child who never exceeds Standard I., but who responds to manual instruction, may be taught to support himself. Dr. Stockwell asks that some criterion of progress should be laid down, but it appears that what is wanted is a criterion of benefit, and this is surely to be found in the principle elucidated above.

The aim of the Special School has been well described by Dr. Hughes, School Medical Officer of Stoke-on-Trent—"Unless an educationally unfit child has been rendered socially and industrially fit, the Special School training must be regarded as a failure."

This fundamental principle once recognised, two important conclusions follow—

(1) If a child does not make sufficient progress to warrant the belief that he will eventually be able to manage his own affairs, he should be discharged from the Special School. An adequate and much less expensive training can be provided by the Mental Deficiency Act Committee. Improvement in habits and manners alone is not enough to justify retention in Special Schools. Education Authorities are not justified in spending educational funds for social purposes only.

(2) The children who are allowed to remain must be provided with a training which will develop their wage-earning capacities to the utmost. In particular, great stress must be laid on manual and vocational work.

We infer from these considerations that to justify the retention of a child in a Special School there must be evidence of progress on the educational side or on the manual side, or on both sides, sufficient to warrant a belief that the child will be wholly or partially self-supporting

on leaving school. Deficiency on the educational side may, to some extent, be ignored where there is evidence of genuine progress on the manual side; at the same time the response to instruction in the rudimentary subjects cannot be ignored entirely. If it is below a certain level, it is very doubtful whether the manual progress can make up for it. The Director of Education, Manchester, says, "It is found that the child who makes little progress in school subjects seldom makes very much headway in manual work," i.e., incompetence in school subjects often means general incompetence. It is borne out by Dr. Stockwell's remarks about the general position of the handwork in the Leeds Special Schools. It is clear, therefore, that children of medium grade who only reach an attainment level of below 50 E.Q. (which gives the equivalent of Standard I. or II. at the age of 16) should only be retained if convincing evidence of manual progress is available. In the case of those who show E.Q. 45 or lower it is seldom that such evidence would be forthcoming, and they are mostly to be passed on to the Mental Deficiency Act Committee. It is not intended that these lines of investigation should be considered in any isolated or detached way, but only to indicate the main principles of diagnosis and prognosis. Each case will be taken on its own merits, and the whole personality of the child assessed. The actual recommendation is in the hands of the School Medical Officer, and must remain in his hands. It should be noted, however, that the issues are not entirely medical. Teachers, instructors, and inspectors can give valuable advice as to whether a particular child is likely to be helped towards complete or partial self-subsistence by remaining in a Special School. The educational and psychological sides of the question need not be dwarfed by the medical. There is one further point—we have seen that the educational response is capable of accurate measurement. Similarly it is necessary to find some way of replacing the vague and unsatisfactory handwork reports such as "fair, poor, good, some progress," with some recognisable standard. The most effective way of doing this is to apply to all doubtful cases standardised performance tests such as the Porteus Maze test. The response to this test indicates the presence or absence of many of the qualities required in employment, such as foresight, concentration, adaptability. These tests are used by several education authorities, e.g., Manchester. The Director at Manchester says, "It has been found that children with I.Q. below 50 in the Porteus Maze test are never fit to deal with even the simplest manual work in Special Schools. An I.Q. below 50 coupled with a Porteus quotient below 50, would make the case notifiable to the Local Control Committee." Such tests would be invaluable in the Leeds Special Schools, and should be applied regularly to all the children. After a little experience and correlation with handwork reports and other data, working standards would soon emerge, and the point be determined below which children are likely to derive no substantial benefit from further attendance in the Special Schools.

Returning to the 180 cases under consideration, we have found some 23 low-grade and some 20 medium-grade cases, in all 43, who seem for one reason or another to be due for notification, i.e., 24%. We have found a further 50 cases whose retention would have to be justified by positive evidence, and should therefore receive further investigation along the lines suggested. There is little doubt that the application of performance tests would result in the exclusion of a number of these. It is thus clear that over 30% at least of these children are unsuitable and should be discharged. The figure is lower than that indicated by Mr. Moulden as ineducable in elementary subjects, but it is intentionally a conservative estimate in order to avoid controversial issues as far as possible. It has already been pointed out that perhaps the most serious criticism is the length of time for which these unsuitable cases remain in the schools. Summarisiug these results, it appears that only about one-third of the children are suitable for the Special Schools, one-third require careful observation and further report, and the remaining third might be dismissed forthwith. The lists of children submitted by the Head Teachers each six months as apparently ineducable have led to the diagnosis and dismissal of a few imbeciles after a short period of trial. This represents a slight improvement, but in general the position remains as it was, and there can be no doubt that the suspicion that the type of child in the Leeds Special Schools is too low is well founded, and that a radical change of policy is required. Leeds has not yet in this matter fallen into line with the larger authorities, such as London, Glasgow, Birmingham, Manchester, and Liverpool.

**Special School Work Estimated by After Careers**

It has already been pointed out that the work of the Special Schools can best be estimated by the after careers of the children who leave. The after careers of the children who left the Special Schools in Leeds during the five years 1923 to 1927 inclusive have been analysed, and the results are shown in the following table. The cases included in the table are—

(*a*) Children who were granted exemption from further attendance subject to obtaining satisfactory employment.

(*b*) Children who were allowed to remain in the Special School until the end of the term in which they attain 16 years of age and whose names were then passed voluntarily to the Mental Deficiency Act Committee.

(*c*) Children who were allowed to remain until the end of the term in which they attained 16 but whose names were notified under Section 2 (2) (*b*) of the Mental Deficiency Act Committee as requiring supervision or guardianship.

All these cases are presumed to have been capable of receiving benefit from their attendance at the Special School, and we are in a position to

make a direct comparison with the actual results. For this reason cases which were notified under Section 2 (2) (*a*) of the Act before reaching 16 years of age as incapable of receiving further benefit have not been included.

| | Em-ployed | Unem-ployed | Occu-pation Centre | In Institu-tions | Unem-ployable | De-ceased | Un-known | Total |
|---|---|---|---|---|---|---|---|---|
| (*a*) Exempted cases ... | 27 | — | — | — | — | — | — | 27 |
| (*b*) Voluntary cases ... | 57 | 3 | 12 | 7 | 8 | 1 | 13 | 101 |
| (*c*) Notified under Sec. 2 (2) (*b*) ... ... | 32 | 2 | 10 | 11 | 13 | 1 | 5 | 74 |
| | 116 | 5 | 22 | 18 | 21 | 2 | 18 | 202 |

Of these cases the failures are those returned as unemployable, those who have had to be sent to institutions, and those whose employability is limited to work done in the occupation centres. The total number of children in these groups is 61 out of a total of 202, almost exactly 30%. This is a striking confirmation of the figures and arguments presented above. Over a considerable period like five years we find that about one-third of the children have failed to justify their Special School education or to obtain benefit in the most reasonable sense of the term. On pages 88 to 90 of the C.M.O.'s report for 1925, several interesting sets of figures are given dealing with the after careers of children who have been in Special Schools of various authorities. In one of these (p. 89) the number who required institutional care for the protection of themselves or others amounted to 30%, but on page 90 another set is analysed from which it appears that out of 211 boys belonging to 7 different areas only 30 were not employable under ordinary conditions, and required care and control. The Chief Medical Officer remarks—

"The general impression left on one's mind after perusing these results is first, the large number of boys who, on leaving school, obtain reasonably regular work; secondly, the small proportion of them who cause special trouble or get into the hands of the police; thirdly, the fact that those in irregular odd jobs will become a charge upon the community unless they belong to good homes."

But the noticeable point is that the percentage of failures here is only 14. The table given on page 17 of the 1926 report of the London Association for the Care of the Mentally Defective shows that 62 cases only out of 1,010 who had left the London Special Schools and were on the books of the Association on 31st March 1926, were complete failures, i.e., 6%. A further 89 are returned as following precarious occupations; if these are included the number is raised to 151, and the percentage to 15, but it should be observed that in the Leeds figures given above all occupations are included, even category "useful at home" in the case of girls.

The wages earned by the children who left the Leeds schools 1923-1927, and are in employment, have been so far as known analysed in the following table—

| Age 31/12/27 | Males | | | Females | | | |
|---|---|---|---|---|---|---|---|
| | No. Employed | Less Wages Unknown | Average Wage | No. Employed | Less Wages Unknown | Average Wage | Total Employed |
| 14 years ... | 7 | 1 | 9/4 | 5 | 1 | 8/3 | 12 |
| 15 ,, ... | 2 | 1 | 10/– | 13 | 3 | 9/6 | 15 |
| 16 ,, ... | 4 | — | 15/3 | 8 | 5 | 16/– | 12 |
| 17 ,, ... | 6 | 4 | 17/– | 10 | 6 | 10/6 | 16 |
| 18 ,, ... | 14 | 2 | 13/4 | 12 | 6 | 12/11 | 26 |
| 19 ,, ... | 9 | — | 13/6 | 7 | 3 | 11/9 | 16 |
| 20 ,, ... | 13 | 1 | 15/2 | 6 | 2 | 16/6 | 19 |
| | 55 | — | — | 61 | — | — | 116 |

This can be compared with similar data given in Tables A and B on pages 4 and 5 of the report of the Birmingham Special Schools After-Care Sub-committee 1927.

| Age on 1/1/27 | Males | | Females | | |
|---|---|---|---|---|---|
| | No. Employed | Average Wage | No. Employed | Average Wage | Total Employment |
| 14 years ... | 27 | 11/– | 17 | 11/2 | 44 |
| 15 ,, ... | 68 | 13/5 | 52 | 12/10 | 120 |
| 16 ,, ... | 66 | 15/8 | 53 | 14/2 | 119 |
| 17 ,, ... | 74 | 18/6 | 47 | 16/6 | 121 |
| 18 ,, ... | 85 | 21/8 | 66 | 18/1 | 151 |
| 19 ,, ... | 78 | 23/5 | 49 | 20/4 | 127 |
| 20 ,, ... | 87 | 28/6 | 45 | 19/– | 132 |
| | 485 | — | 329 | — | 814 |

It will be seen that particularly in the case of the boys there is an appreciable difference in the average earnings. The opportunities for juvenile employment are excellent in Leeds, and employers are on the whole willing to give defectives a chance. The only inference is that the Birmingham children are of better quality and worth more, that is to say, that larger numbers of high-grade cases pass through the Birmingham Special Schools. We thus receive from these two sets of figures, namely, the percentage of unemployables and the average earnings of the employables, confirmation of just the kind that we require of the view that the two great weaknesses in the treatment of mental defect among children in Leeds are the retention in the Special Schools of too many incapable children and the failure to admit cases of higher grade.

**The Financial Side of Day Special Schools**

There is an important financial side to the question. Briefly it amounts to this—if a considerable proportion of the children admitted to these schools fail to derive reasonable benefit and leave school only to become a drain on the community, then a considerable wastage of public money is taking place. It means that money is being spent for which practically no adequate return is being received. The Day Special Schools are expensive, the average cost per place being not far short of £30 per year. In recent years the average cost in Leeds has been in the neighbourhood of £28. Now it is impossible to avoid some wastage owing to the admission of unsuitable cases on trial. We have already seen that in practice it is only in cases where the Certifying Officers can diagnose imbecility or idiocy without further observation that low-grade cases can be notified without admission to a Special School. But we have also seen that such cases have been retained year after year in the Leeds Special Schools, and in so far as that is true the wastage is indefensible. It was shown above that without reasonable doubt 43 cases out of 180 were unsuitable. The following is their distribution, according to the number of years that they have been in the Special Schools.

| No. of Yrs. in Special Schools | No. of Children |
|---|---|
| Less than 12 months ... ... ... | 2 |
| 1 to 2 ... ... ... ... ... | 9 |
| 2 to 3 ... ... ... ... ... | 9 |
| 3 to 4 ... ... ... ... ... | 5 |
| 4 to 5 ... ... ... ... ... | 8 |
| 5 to 6 ... ... ... ... ... | 2 |
| 6 to 7 ... ... ... ... ... | 6 |
| 7 to 8 ... ... ... ... ... | 2 |
| Total ... ... ... | 43 |

Few of these children need have been retained more than 12 months, and counting the cost of their places for the remainder of their time in the schools, one finds that a formidable total of £2,730 has been practically thrown away on these particular children—and this, of course, is only indicative of the position; it does not represent the total wastage. The 61 failures out of the 202 who left the schools at 16 between 1923 and 1927 would cost, at an average of 3 years in the schools (certainly not too high) about £4,400, and there is no appreciable return for the money. These figures do not include the 64 cases who were turned out of the schools during that period as incapable, many of whom had no doubt been some years in the schools. We may go further and try to estimate the annual wastage of money on the basis of 300 children, and a percentage of 20-25 of unsuitable cases (not 30% or over, as allowance should be made for trial cases); the amount is not far short of £2,000 a year, enough to staff and equip a whole school. It is true that the money will be spent

by the Education Committee in any case, because the places will be filled, but it can be well spent by confining admission to suitable cases. It is true also that the Mental Deficiency Act Committee will have to spend money on the unsuitable cases, but the amount per head will be very much less.

Provision by way of occupation centres and the like, where highly trained and certificated teachers are not required, is much less expensive than provision by way of Day Special Schools. Institutional treatment is, of course, in its turn much more expensive than the Day Special School, but under proper arrangements of supervision and careful management a not inconsiderable return for work done may be expected. In addition, there is the very important point that cases which are sent to institutions are segregated, and it may be that the ultimate solution of the whole problem is to be found in strict segregation of the adult defective Here again, if money is spent there is adequate return to the community.

To return to the general question of disposal, the cumulative effect of the considerations which have been put forward is to show that of the four types of defective children outlined near the beginning of this section, the first, the less serious cases of the second, and the third should be tried in the Day Special School; cases of the fourth type which cannot be diagnosed forthwith as imbeciles or idiots by the Certifying Officer will also have to be admitted, but should not be kept there longer than is strictly necessary; in most cases a single term should suffice. There are certain reservations in regard to the other three types also. The high-grade stable cases should be under observation, as it may happen at times that a child is suitable for return to the ordinary school. Experience and observation alone can decide which of the unstable cases can be successfully dealt with in the Day Special School. In fact the disposal of these cases by way of the Day Special School is more of an expedient than genuine solution; strictly speaking, they are more suitable for residential institutions. As for the third type, we have seen how carefully they have to be observed after admission to the Special School. It is impossible to foretell at the time of the certifying examination which of the cases will turn out to be suitable. So far as Leeds is concerned, we have seen that too many cases of the fourth type and unsuitable cases of the third type have been allowed to remain in the Special Schools, and it is clear that a change should be made so that full use may be made of these schools and the maximum benefit derived from them.

**Proposals for the Observation of Children in Special Schools**

The business of sorting out these children and providing adequate data to decide the question of their suitability is no easy one, and appears to require some special arrangements. It is necessary to have full and accurate information available in regard to each case in order that the

amount of progress and the kind of progress made or expected may be estimated. Each case must be considered on its own merits, but comparison with other cases and with definite standards of attainment of both the scholastic and the practical sides is also necessary. It is impossible to dispense with a regular system of scientific testing, the results of which should be carefully assessed and considered at frequent intervals. It is not suggested that individual cases should be decided on figures alone any more than that in connection with ascertainment individual cases should be certified defective on figures alone, but it cannot be denied that the apparatus of scientific testing of intelligence and attainments provided by modern psychology is of inestimable value as a guide. The following proposals are therefore put forward as a means of regulating this question of disposal. It would be valuable to have the intelligence quotient of every child in the Special Schools revised once a year. This, however, does not seem possible without additional expert assistance, and no such proposal seems necessary at the present stage. The work of keeping these schools under observation appears possible of accomplishment without additional staff. The intelligence quotient. if correctly ascertained in the first instance, should (with some reservation, cf. Burt, p. 153) vary little, and for this reason it is not strictly necessary to re-assess it frequently. The whole experience of expert intelligence testing in this country, in America, and on the Continent, bears out this statement, and cases which have been re-examined several times by Certifying Officers in Leeds are found to conform to the general rule If it were strictly necessary to repeat the test once a year the Head Teachers of the Special Schools might be requested to do so, but apart from the question of time (each test requires approximately one hour), the technique of this testing is somewhat specialised, and both training and experience are required for their correct administration. This is supported by the Consultative Committee's Report, p. 105, "On the other hand, there was general agreement that the correct interpretation of the results obtained by the use of individual tests could only be satisfactorily carried out by persons who had received scientific training in a psychological laboratory for at least two years." It is better on the whole to leave intelligence tests to Medical Officers, Inspectors, or Psychologists. The position is different, however, in regard to educational tests and performance tests. The technique is much easier to acquire, and the time required for their application is much less. There seems no reason why the Head Teachers of the Special Schools, under the occasional supervision of the School Medical Officers and the Inspectors, should not carry out these tests at stated intervals, say once a term. If the view suggested above is found by further experience to be correct, namely, the view that defective children, especially of medium grade, tend to react in certain recognised or typical ways to the Special School environment, and that progressive, stationary, and regressive types can be distinguished—then it would be possible to restrict the terminal

application of the tests to regressive cases and any other cases which appear doubtful. The cases that appear to be doing well might be tested once a year only. The results of the tests should then be submitted as soon as possible to the Education Office for record and analysis on much the same lines as those followed in the discussion given above. Cases whose retention in the Special Schools appears to be a matter of doubt can be readily noted; if necessary they can be specially examined. The results so obtained should be reviewed and considered, not only by the School Medical Officers, but also by the Inspectors, the administrative officials concerned, and possibly the Head Teachers. The obvious plan is for these people to meet together at regular intervals, and this suggestion points the way to one of more general application. Everything points to the necessity of putting questions connected with mental deficiency among children on a broader basis. Doctors, inspectors, administrators—all regard these matters from their several points of view, and co-ordination is required. It is therefore suggested that a small Office Committee be set up before which all such matters, individual cases included, could be brought. It might consist of the School Medical Officer and the Assistant School Medical Officer, the Chief Inspector and another Inspector, two administrative officials, and one or more Head Teachers, under the chairmanship of the Director. Difficult cases in connection with ascertainment, questions connected with the schools, the review of children admitted to the schools, and the selection of unsuitable cases, with a view to notification, the selection of boys for intensive vocational training are all matters which could be effectively considered by this Committee. Such a Committee is already functioning in embryo in the matter of applications for exemption from further attendance at the Special Schools. These applications are considered by the School Medical Officer, the Chief Inspector, at least one official of the administrative staff, and the appropriate Head Teacher. In regard to notification, if the suggestions made above for repeated testing are put into operation, the work of collecting and correlating the data will in itself be heavy, and the Certifying Officers, engaged as they are in many other branches of the work of the School Medical Service, cannot be expected to undertake this single-handed. Meetings of the Committee should be held once a month in the earlier stages; possibly when the questions of ascertainment and disposal are placed on a firmer footing once a term might suffice. The object of this arrangement is to get the necessary work done for the observation of these schools, which is really considerable, without increase of medical staff, by distinguishing between (*a*) the preliminary sorting, and (*b*) the medical examination, with a view to notification. In regard to the latter, the whole of the work is at present done by the Chief School Medical Officer; now in view of the time required for each examination, there seems no reason why all the Certifying Officers (at present five) should not share in this work, and in fact it is urgently necessary that they should do so.

That special arrangements are required for the close observation of schools for mentally defective children is the experience of all progressive education authorities. In some cases there is a Supervisor of Special Schools, in others one or more psychologists are constantly engaged in testing the children. Birmingham has a Special Schools Medical Officer and an Assistant Medical Officer. It is likely, however, that in Leeds the work can be efficiently done on the lines suggested above with the co-operation of the inspectors, the Special Schools' staffs and all the Certifying Officers. It should be clearly understood that these suggestions are intended to provide machinery for the regular review of the Special Schools, and to aid the Medical Officers in sorting out unsuitable cases; the actual recommendation for notification must remain in the Medical Officers' hands.

**The Organisation of the Special Schools**

Opportunity may be taken to discuss some points regarding the organisation and curriculum of the schools. As at present constituted, the five schools are each self-contained, and contain children of all ages from 7 to 16. In the largest school the children are grouped in four classes, the other four schools contain three classes each. No further attempt at grouping or sub-division is made, e.g., into junior and senior classes or departments. The result is that satisfactory grouping is not easy to secure, e.g., low-grade cases who have been kept for years in the school cannot be placed in any other class than the lowest, so that in one class you may have an imbecile of 15 alongside a young child of 70 I.Q. This is most undesirable, and would, of course, be automatically corrected by the immediate discharge of such cases. At the same time the difficulty remains owing to the necessarily wide range of I.Q.'s and natural age in Special Schools. The distribution in one school has been analysed; the natural ages in the first class range from 15 years 7 months to 10 years 9 months; in the second, from 14 years to 9 years; in the third, from 14 years 7 months to 7 years 4 months. This overlapping is more or less unavoidable, but it is also seen in the distribution of the mental ages—class one, 11 years to 6 years 10 months; class two, 8 years 6 months to 5 years 10 months; class three, 8 years 4 months to 3 years 1 month. Similarly, in regard to the distribution according to educational age—class one, 11 years 1 month to 6 years 1 month; class two, 7 years 10 months to below 5; class three, 6 years 4 months to below 5 (11 out of 17 giving no response to the tests). There is less reason for the overlapping of the educational ages, and the distribution could be improved by frequent reference to the results of the testing which is proposed above. In many Special Schools the time-table is flexible, and the children are moved from one class to another according to their attainment in a particular subject, as it is well known that defective children are apt to reach very different standards in different subjects. To some extent this is done in the Leeds schools, but the practice could probably be

extended. The Inspectors could render valuable assistance to the Special Schools by supervising such arrangements as the grouping of the children, time-tables, curriculum, methods—as in the case of the Elementary School. These arrangements are at present in the hands of the Medical Officers and Head Teachers.

The Leeds Special Schools are scarcely large enough to warrant a division into junior and senior schools, but there is much to be said for a change in organisation which would draw off the older boys between the ages of 12 and 16 who are found to be suitable, and place them together in a centre equipped for trade or vocational training. This plan has been adopted in London and elsewhere for many years, and has produced excellent results. The staffs of the Leeds schools are entirely composed of women, with the exception of a visiting instructor, and the presence of the older boys is at times an embarrassment. The boys feel their growing strength and have no adequate outlet for their physical energies; it is also undesirable to have defective boys and girls of 14 or 15 so closely associated. But most of all it is necessary to provide these boys with an opportunity of fitting themselves to some extent before leaving school for definite employment. This is particularly so in the case of boys who reach their educational limit at 12 or 13, but also show some promise on the manual side. If they leave the Special Schools at the end of the term in which they become 16, and have to compete with normal children who have been learning a trade under industrial conditions for two years, what chance have they of entering an employment that is likely to lead anywhere? The present arrangement by which both boys and girls are granted exemption from further attendance between 14 and 16 provided they are suitable cases, and obtain satisfactory employment, meets this point to some extent, and is on the whole working satisfactorily. A certain amount of vocational training, namely tailoring, for one day a week is also provided, but is far too little to give the boys any real chance of taking up the employment afterwards. In London courses in tailoring, boot repairing and making, carpentry, and in some cases metal work are provided at the elder boys' centres. At about 12 years of age suitable boys are selected and given a chance in all the courses provided for about a year to enable them to find their bent; thereafter they have a two or three years' course in the one trade selected. Five or six sessions a week are devoted to this, the remainder being occupied with scholastic work and physical training. It is admitted that not all the boys actually take up the trade for which they have been thus trained, but a considerable number do so, and the remainder, it is emphatically asserted, improve greatly in all-round efficiency by the training. There is no reason why the experiment should not be tried in Leeds. There are usually about 60 boys in the Special Schools aged 12 to 16, of whom a certain number would probably be unsuitable. One of the five schools could be converted into a centre with provision for

four classes of about 12 boys each, two in tailoring and two in boot-making and repairing. It is doubtful whether woodwork or metalwork classes, as provided in London, would repay the cost of the somewhat elaborate equipment required, and it seems better to commence more modestly with tailoring and boot-making. It is particularly important that the work attempted should be genuine vocational work, and not merely consist of mechanical or imitative occupations, such as rug, basket, or toy making. The centre would be in charge of a male Head Teacher with one male assistant and two full-time instructors, one for tailoring and one for boot-making and repairing. Each class would have five sessions a week vocational training and five sessions educational work. After a preliminary trial, each boy would, of course, remain in training for one trade only during the whole of his time at the centre. The time-table would be of the very simplest type—one tailoring and one boot-making class each morning, the other tailoring class and boot-repairing class in the afternoon, classes which do vocational work in the mornings to do educational work in the afternoons and *vice-versa*. The teachers and instructors would thus be fully occupied during the whole week. The cost of such provision would be very moderate. There is at present one full time instructor in tailoring employed in the Special Schools, who devotes one day a week in each school. The additional requirements on this score would thus be one full-time instructor in boot-making and repairing, and set off against this would be the saving of at least one woman teacher. The effect of the proposals would be as follows—

| *Present Staff.* | | *Proposed Staff.* | |
|---|---|---|---|
| Woman Head Teacher ... | £348 | Male Head Teacher ... | £438 |
| Two assistant teachers ... | £576 | One male assistant ... | £200 |
| One instructor ... ... | £208 | Two full-time instructors | £450 |
| Total ... ... | £1,132 | | £1,088 |

actually a decrease on salaries of £44 a year.

Equipment would be required for both of the trades, and it is estimated to cost £90. In addition, the question of travelling arrangements would have to be considered. The present five schools are situated so as to serve the different districts of the city as far as possible, but even so, some children have to travel considerable distances, and a scheme is in operation whereby car fares are provided in necessitous cases, i.e., where the average income per head in the household, after deduction of rent, is below a certain figure. It is clear that a centre such as is proposed would necessitate an extension of this scheme, as many of the boys would have even farther to go from their homes. The amount of money required need not, however, be very large. If arrangements were made for the boys to have their midday meal at the

school or nearest feeding centre at the usual cost, morning and afternoon car fares would alone be required, and on an average 2d. per day per head would seem to be the outside requirements. This would amount to about £80 per year. It is not usually necessary for mentally defective children to require guides unless they are of very low grade, and these should not be admitted to the centre. Mentally defective children in London are encouraged to travel alone as part of their training; many of them travel distances of several miles by tram, 'bus, or tube, and there is no evidence that they run greater risks than other children. A child who is not capable of travelling to the centre is not capable of benefiting by instruction in a Special School. Including salaries and car fares, the increase in annual expenditure would thus be practically negligible, and the scheme can be set on foot with an initial outlay of about £100. The Hunslet Lane Special School might be used for the purpose of such a centre, at least temporarily as an experiment; the buildings are the least satisfactory among the Leeds schools for mentally defective children, and the closing of the school has been considered, but the premises might be open to less objection if used, at least for a time, for the purpose under consideration. In any case, if this school is permanently closed, alternative accommodation will be required, as the recognised accommodation is by no means in excess of the demands, and in providing such accommodation regard might be had to the possibility of setting up a centre. The recommendation of boys for the centre should be in the hands of the Office Committee suggested above.

The question of accommodation calls for some further comment. The present position is that there is accommodation for 320 children. The school is usually full, or nearly full, but some 30 to 35 children have been admitted from areas other than Leeds. There are thus some 270 or 280 Leeds children as a rule in these schools; adding the 100 or so children under 16 years of age who have been passed to the Mental Deficiency Act Committee, we have about 370 or 380 ascertained defective children in the area. As already pointed out, this number may be increased to over 500 when the arrangements for ascertainment are in full operation. This does not necessarily mean increased accommodation, however, as the number of cases notified should also increase. We found about one-third of the children at present in the Special Schools unsuitable, that is, some 90 or 100; if these were notified, and a policy of notifying such cases continued, there would be about 200 under the Mental Deficiency Act Committee, leaving about 300 as at present under the Education Committee. It may be that the margin will prove too small, but the situation can be carefully watched.

Another point of importance for the welfare of Special Schools is the length of time for which teachers should be allowed to remain in Special Schools, whether as Head or as Assistant Teachers. The tendency in the past has been to leave them there too long, a tendency to be traced

to the wrong conception prevalent regarding the character and function of Special Schools. It appears to have been thought that Special School service unfitted teachers for work in ordinary schools, partly because they had no opportunity of marching with the times, and partly because continued contact with subnormal children lowered their standards. If there is any truth in these views, all the more reason why the teachers should be allowed to return to ordinary schools after a few years' service in the Special Schools. It must be remembered that Special School work is trying and somewhat narrow and apt to be disheartening to some temperaments. All honour is due to teachers who with unlimited patience and sympathy have endeavoured to make good with the most unpromising material. In Leeds the present position appears to be that the assistant staffs do change in the course of about five years, but Head Teachers tend to remain much longer. It is recommended that even Head Teachers should not remain longer than seven years in the Special Schools.

## AFTER-CARE

It has always been recognised since the problem of mental deficiency was first handled that defective persons require help and supervision throughout life. This work mainly devolves upon the Central and Local Authorities for Mental Deficiency once the children have passed out of the Education Committee's schools. The Local (Control) Authorities are materially assisted by large voluntary bodies, many of whom came into existence some considerable time before the Mental Deficiency Authorities were created. The voluntary bodies have a most important part to play in the matter, because the powers of the Local Authorities are somewhat restricted by the statutes, and much necessary work would have to remain undone with unfortunate consequences if voluntary help were not available. The after-care work is concerned with two groups of defectives, those who are employable and those who are not. In regard to the former, the Voluntary After-care Associations render invaluable help in finding suitable employment (usually a matter of some difficulty), or at least in ascertaining whether satisfactory employment has been found, and in visiting homes periodically in order to ensure that the defective persons are well enough cared for not to be a burden to themselves or others. The difficulties are naturally even greater in dealing with defectives who are not employable under ordinary conditions, and it is usually in these cases that the Local (Control) Authority has to step in. The problem is to find means, if possible, to prevent these people from being an entire burden on the community and at the same time to see that they do themselves and the community as little harm as possible. As a last resort, they are sent to institutions which are usually provided by the Local (Control) Authority, and must be recognised by the Central Control Authority. The great advantage

of this method is that cases can be under the closest supervision day and night and are segregated so that they have no opportunity to cast further burdens on the State. It is usually possible to organise some kind of productive work, which, of course, would not be done at all without the institution. The difficulty of the method is the expense. Including grant from the Central Authority, it appears to cost from £1 to £1 5s. a week to maintain a defective in a residential institution. Thus only a certain proportion of the unemployable or uncontrollable cases are dealt with in this way, and the others remain a problem. The unemployable who are not placed in institutions are usually those whose homes are satisfactory, that is to say, cases which can be maintained by their parents or relatives, and which are well enough looked after not to be a danger to the community. The homes naturally vary a good deal, and it is only in the very best that the requirements can be completely met. An experiment has therefore been tried in recent years of organising day occupation centres in which defectives are given an opportunity to do what simple work they can. Organised in this way, remunerative work can to some extent be got out of them, and they are kept out of harm's way for a considerable part of the day. The experiment has been on the whole successful, and is recognised in the Mental Deficiency Act 1927. The provision of these centres is at present on a modest scale compared with the numbers required to be dealt with, but will no doubt be considerably extended.

In Leeds much of the opposition of the proposal to pass children of the lower types over to the care of the Mental Deficiency Act Committee is founded upon the impression that the children in most cases are merely allowed to run wild in the streets. It is maintained, therefore, by the Head Teachers and others that they are better in the Special Schools where they can be looked after, kept out of mischief, and their habits improved.

Dr. Stockwell remarks—

"Further, they (the Head Teachers of Special Schools) have the impression that if excluded from a Special School there is no means of anything being done for them by the State. This conception has a good deal behind it, as once out of the hands of the Education Authority there is little power of compulsion by the Statutory Authority, with the result that Special School Teachers see children with whom they have made progress deteriorate rapidly after exclusion."

The Head Teachers for this reason tend to keep these children in the schools as long as they possibly can. This attitude on the part of the Head Teachers is quite definitely not defensible. It is not the business of the Education Committee, or for any of their servants, to provide for children who cannot benefit by the instruction given in Special Schools. This work is by statute relegated to another public authority namely, the Local (Control) Authority acting through the Mental Deficiency Act Committee. At the same time it is worth while to look into

the position. Mention has been made above of a survey of all the children who left the Leeds Special Schools during the last five years; among them are many cases notified under Section 2 (2) (*a*) of the 1913 Act as incapable, and these are the cases now under consideration. Sixty-four cases were notified under that sub-section during the period, of whom two are employed in remunerative work, none attend an occupation centre, 12 have been sent to institutions, 47 are returned as unemployable but living at home, and 3 are deceased or unknown. It seems therefore that only 19% have been dealt with by the Mental Deficiency Act Committee, otherwise than by visitation of the homes, and that in 73% of the cases no active attempt has been made to improve their position. The home conditions under which these 47 are living have also been analysed, and it is found that only 19 are in "good" homes; 27 are in "fair" homes, and one is in "bad" home circumstances. It seems, therefore, that there is some basis for the impression referred to above. It would be undesirable to have so many young children of low mental grade running about at large with so little supervision even if the home conditions were excellent, but as in the majority of cases these conditions can only be described as "fair," the position is hardly satisfactory. It is too expensive, and in many cases unnecessary, to send all these children to institutions, nor are enough places available. What is clearly required is a considerable extension of the provision of occupation centres. So far these have been tried mainly for adolescents and adults, and only very recently has an attempt been made to provide for unemployable children. A centre of the kind has now been provided in Leeds, but the accommodation is small, and it is understood that the premises are not what might be desired. It is very necessary that provision of this kind should be made as soon as possible; enough has been said to show how the policy of retaining low-grade cases in the Special Schools is impeding the whole machinery for dealing with mentally defective educable children, and it has also been shown how expensive the policy is. At an occupation centre where the products of the work are saleable and where the qualifications required of the staff are moderate and not to be compared with those of the Special School staff, the cost is roughly one-third of that of a Special School. The occupation centre costs from £8 to £10 a place a year, while a place in the Special School costs on an average about £28 a year. No doubt the statutory encouragement given to this form of provision in the Mental Deficiency Act 1927, will accelerate the matter, and it is hoped that suitable occupation centres will soon be provided for children who cannot reap any benefit from the instruction given in the Special School.

A further point in regard to after-care is the co-operation obviously necessary between the Mental Deficiency Act Committee and the Education Committee. The machinery of notification is the most important link between the two departments, but it is not enough merely to pass

children from the care of one to the care of the other. The Education Committee must be in a position to know what is happening to all the children who pass out of their Special Schools in order that, for example, they may be able to estimate the efficiency and value of these schools, or of any of the arrangements which are made in them. In short, full records of the after careers of all the children who have been notified voluntarily or statutorily to the local Control Authority must be kept. The supervision and visitation is entirely in the hands of the Mental Deficiency Act Committee and the Voluntary After-Care Committee, and it is necessary that individual reports of all such cases should be received at regular intervals and filed for reference indicating the nature of employment, if any, amount of wages, if any, home conditions, those who are dealt with by way of institutional care or guardianship and the like. In short, there should be an After-Care Register in the possession of the Education Committee, from which cases should be moved only in case of death or removal from the city. This point has been appreciated at Manchester. The Director says—"Definite information with regard to the after careers of these children covering a period of years is now in process of collection, and has been made possible through an arrangement for visiting and reporting to the Local Voluntary Association which works with the Local Control Committee, who have statutory powers."

## CONCLUSION

The considerations put forward in this memorandum point to two vital weaknesses in the arrangements for dealing with mentally defective children in Leeds. On the one hand the ascertainment is decidedly on the low side, which appears to be mainly due to hesitation in certifying cases of higher grade and to the large number of re-examinations required. On the other hand, too many cases of low grade are admitted to and retained in Special Schools. The statement already quoted in the C.M.O.'s report for 1925, page 88, "It is not too much to say that the centre of gravity of the whole problem of the mentally retarded and the mentally deficient child has moved," may be recalled, and the position may be summarised by saying that that statement does not yet apply to Leeds. The points to which attention is called in the memorandum are all interconnected, and form a particularly good example of a vicious circle. The ascertainment is low because high-grade defective cases are not certified; the latter is partly due to the opposition of parents; the opposition of parents to sending their children to the Special Schools is largely due to the presence of low-grade cases; the lower grade cases are admitted because few high-grade cases are admitted, and are retained partly because of the lack of provision for them after notification; the latter provision is not made partly because the children are not notified. The circle is complete and should be broken. A number of detailed

suggestions have been made above, and probably it is best to begin by thoroughly combing the Special Schools and letting it be seen that these schools are intended for medium and high-grade children—at all events, for children who can obtain reasonable benefit. It may be useful to summarise the suggestions which have been put forward.

**Ascertainment**

(1) Head Teachers of Public Elementary Schools to be invited to attend at the statutory examinations.

(2) Occasional lectures to be given to teachers by experts on mental defect.

(3) Teachers in ordinary schools to be given an "observation week" in the Special Schools.

(4) The method of selection—

(*a*) Head Teachers of all Infants' Departments to apply Ballard tests to the children 6 years of age at the time.

(*b*) The results to be forwarded to the Education Office and submitted to the Inspectors.

(*c*) The Inspectors to select cases for statutory examination.

(*d*) The present methods to be retained in the case of older children.

(5) Re-examinations to be curtailed as far as possible.

(*a*) Medical Officers to confine themselves to diagnosis of defect.

(*b*) The reason for re-examination to be stated in each case.

(6) A higher type of defective to be certified and admitted to Special Schools.

(7) Intelligence tests to be administered with rigid adherence to published instructions.

(8) The statutory examination to be shortened by combining Forms 306M and 41D.

(9) The question of substituting Burt's London Revision of the Binet Simon tests for the Stamford Revision to be considered.

**Disposal**

(1) A definite change of policy to be adopted regarding type of child admitted to and retained in the Special Schools.

(2) Review of children in the Special Schools—

(*a*) All children in the Special Schools to be given a Ballard test and Porteous Maze tests once a year.

(*b*) The results to be recorded in a revised form of the Progress Book.

(*c*) Regressive cases to be given these tests once a term.

(*d*) The results of the tests to be forwarded to the Education Office.

(*e*) All the Certifying Officers to take part in the work of supervising the children in the Special Schools, and examining with a view to notification.

(3) An Office Committee to be set up to review the results and consider other matters connected with mental deficiency.

(4) The Inspectors to visit the Special Schools as frequently as the Public Elementary Schools and supervise all arrangements.

(5) Head Teachers to revise the grouping of children in classes.

(6) One of the five schools to be converted into a vocational centre for older boys.

(7) Head and Assistant Teachers not to be retained too long at Special Schools.

**After-care**

(1) Records of After-care of Special School leavers to be kept.

(2) To press for the extension and improvement of occupation centre accommodation for unemployable children.

JAMES GRAHAM

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EDUCATION DEPARTMENT

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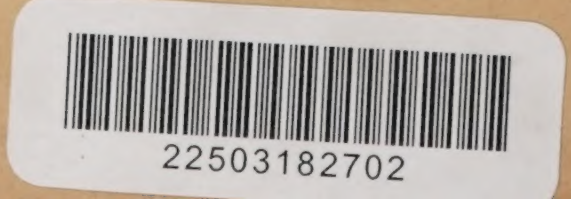
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